Date of onset

(Address) \_\_\_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	6
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis F VED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAproperly classified. AGE should be

ELY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. B.—WRITE PLA

MARGIN RESERVED FOR BINDIN

V. S. No. 1

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STATE OF MARYL	AND—	CERTIFICATE OF DEATH	900
1. PLACE OF DEATH		23	
County Charge		Registration Dist. No.	£
Village or City Ly Resuelle		death occurred in a hospital or institution, give its NAME instead of street and no	
Length of rasidenca in city or town where daath occurred	rs/_Zmos.	/ds. How long in 0.8% if of foreign birth?yrsmos	s ds.
2. FULL NAME last Disk	uan	If U. S. Veteran specify WAR	
(a) Residence: No. Continuou (Usual place of abo	de)	St., Ward Sy Resulle Maky If nonresident give city or town and s	Sinte
PERSONAL AND STATISTICAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (wm	ite the word)	21. DATE OF DEATH Skiel 2/ 4.	193 7
5a. If married, widowed, or divorced		(month) (Day)	(Yeer)
(or) WIFE of Underson		22. I HEREBY CERT! FY, That I attended d	eceasad from
6. DATE OF BIRTH (month, day, and year)		I last saw h le alive on april 20 1934	daath is said
	If LESS than	to have occurred on the date stated abova, at 5 15 ft m.	
	ay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
Trade profession or particular	min.	Lacker Crelation of the Rungs	Date of onsat
SAWYER, BOOKKEEPER, atc			
work wes done, as SILK MILL, SAW MILL, BANK, etc			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month end year)  10. Occupation (month end year)	his		
12. BIRTHPLACE (city or town) llubers are		Other Contributory Causes of Importance;	
(State or country) Russia			
13. NAME Cubuaca			
13. NAME (Luberous)  14. BIRTHPLACE (city or town)  (State or country)		Neme of operation Dete of	
(State or country) Recorded		What test confirmed diagnosis? Was there an au	topsy?
15. MAIOEN NAME Mulesca Co.  16. BIRTHPLACE (city or town) Mulesca Co.  (State or country)	z.	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town)	<del>*</del>	Accidant, suicide, or homicide? Date of Injury	, 19
State or country)		Where did Injury occur?	)
17. INFORMANT Hagbital Kees (Addrass) Aprila Meswelle M	nds	Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ĆE.
18. BURIAL-CHEMATION, OF REMOVAL  THE Date of the Communication of the C	2219.37	Mannar of Injury	*******
19. UNDERTAKER Jack Service (Address) Balto St.		24. Was disaase or injury In any way related to occupation of decaasad?	
20. FILED April 21 , 1937 CHarry Wes	ew Registrar.	(Signed) Mary M. Caes (Address) Lylassuelle . W.	M. D.

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MAY 17 1931					
Other contributory rauses of importance:	١	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

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STATE OF MARYLAND

CERIII	ICA	E	OF	DE	AI	H	#U11
culosis	Sans	to	rin	m		01	

		DEATH	Maryla	and Tuber	<u>culosis</u> d Branch	1 22		PC	
		Carroll						Dist. No. 7	4
		y Henryt		(16	death occurred in a	(Abov hospital or institution, w long in U.S. If of for	RIAC HE LANGIAL	instead of street and	number)
2. FUI	II NAN	E Martha	Black		lf.	U. S. Veteran, spe	cify WAR	None	
(a)	Residence	:: No.164 W.	Cross St	Balto	., sMd.	Ward.			
					4				d State
3. SEX	ERSONA	L AND STATIS				EDICAL CER	THECATE	OF DEATH	
	nale	4. color or race Colored		RRIED, WIDOWED, D (write the word) Led	21. DATE 0		April Month)	22 (Day)	., 193_7(Year)
HUSB	ied, widowed AND of WIFE of	t, or divorced  Eulus I	Black		22. I	HEREBY C	SERTIFY	f. That i attended	d deceased from
6. DATE O	F BIRTH (n	onth, day, and yeer)	Teb. 13,	1894	I last saw h.C.I'	alive onA	pril 2	2, 1957	; death is said
7. AGE	Yeers	Months 2	Days 9	If LESS than I dey,hrs.	The PRINCIPAL	on the date stated at CAUSE OF DEATH e			
Z 8. Tr		ion, or perticular rk done, as SPINNER, BOOKKEEPER, etc		ormin.	were as follows:	ulmonary	Tuber	culosis	Date of onset
	dustry or bi	siness In which		ie	-				July 1935
10. Da	to decesses	done, as SILK MILL, , BANK, etc liast worked at tion (month and OW)	11. Total	time (yeers) ent in this Unknow supation Unknow	M				
	PLACE (city	or town) Ella	ville,		Other Cantribute	ory Causes of Importar	nce:		
1			er Terry						
13. NA	RTHPLACE (	city or town) Putr	iam,		Name of operetic	on		Dete of	37
₩ 15. M/	AIDEN NAM		a Neal			lue to external causes			
15. M/	RTHPLACE (	city or town) Putr	iam		Accident, suicide	e, or homicide?		Dete of injury	• ۳۳.
	MANT	R. H	Hoffman, yton, Ma	M.D. ryland	Specify whether	injury occurred in IN	DUSTRY, in HO	town, county and Sta ME, or in PUBLIC P	ate) LACE.
		ON, OR REMOVAL E				y			
	TAKER -	oseph annul	Lively	me and	ff so, specify	// · A		ition of deceased?	No
20. FILED.	4/22	137,19 albe	st R See	rankhace	(Signed)	Honn		lanvland	M. D.

MARGIN RE

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		4				

ADDITIONAL SPACE	FOR FURTHER STATEMENTS BY PHYSICIAN
	193,
	- A golden to

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V. S. No. 1

1	() /	STATE	OF MAI	RYLAND—	CERTIFICATE OF DEATH	4004			
	1. PLACE OF D					HV.			
	County Car				Registration Dist. No	1-			
	Village or City	Sykesv	ille	Ma	No. St.,  death occurred in a hospital or institution, give its NAME instead of street or	Ward			
	Length of residence	in city or town where	deeth occurred	2/ yrs 6 mos		mosds.			
	2. FULL NAME	Edward	Blate	tenberger	If U. S. Veteran, specify WAR				
	(a) Residence: N	10. Springfie	es Sta	te How Estal	_ Sto Ward 1 A A Par A				
40720		01		ce of abode) 290	9 Sermand St - Bulf noncesident give city or town	-			
-		AND STATIST			MEDICAL CERTIFICATE OF DEATI	H			
3.	m,	White		ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	102 7			
50	/		Sin	gle	(Month) (Day)	(Yeer)			
Ja.	. If married, widowed, or HUSBAND of (or) WIFE of	divorced	0		22.   HEREBY CERTIFY. That i atten	ded deceesed from			
	(01) 11112 01				Sept 28 ,19/5, to april 1	9 ,19.37			
6.	DATE OF BIRTH (month	h, day, and year)	n.10,	1865	I last saw h. IM alive on april 10 19-	? ; death is seld			
7.	AGE Years	Mouths	Deys	if LESS then	to have occurred on the date stated above, at				
_	72	3	0	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset			
NO	8. Trade, profession, kind of work of SAWYER, BOO	or particular lone, as SPINNER,	anke.	to.					
ATI	9. Industry or busine	ess in which	surper	·····	Chrone My ocardetis				
OCCUPATI	work was done SAW MILL, BA	, as SILK MILL, NK, etc							
S	10. Date deceased las	t worked et	11. Tota	I time (years) pent in this					
_	year) Fell	uary 171	0	ccupation	Other Coutributory Causes of importence:				
12	BIRTHPLACE (city or t	own) Walte	more 4	ounty	- Chronic, Glowendonephritis				
~	(State or country)	Mary	lund						
HER	13. NAME Deny	anun Be	attent	erger	22				
FATH	14. BIRTHPLACE (city (State or count		emore 4	runty	Neme of operation Date	of			
8	15. MAIDEN NAME	201 +11	1 Coo	++	What test confirmed diegnosis? Curucal Was there	an autopsy?			
MOTHER		Maritia.	1 touce	a +	23. If death was due to external causes (VIOLENCE) fill in elso the follo				
MOM	16. BIRTHPLACE (city (Stete or coun		ruluse	lounty	Accident, sulcide, or homicide? Date of injury	, 19			
	nn	11: 200	do o	200	Where did injury occur? (Specify city or town, county and	State)			
17	(Address)	pringfiel	1 Stulle	Hospital	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	PLACE.			
18	BURIAL, CREMATION,		Tour.	24	Manner of injury				
4	wayfreld	Virginial	Date	14.19.37	Nature of injury				
19	UNDERTAKER S	en oh	N Vu	e,	24. Was disease or injury in any way related to occupation of deceased	?			
	(Address)	yoursell	e m	4	If so, specify				
20	FILED Syru	19 39 Q	Harry	New	(Signed) // // // // (Signed)	M. D.			
			7	Registrar.	(Address) Springfield State	19 refertal			

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BUREAU V. S.	-			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDIN

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1	PLACE OF	DEA	TH Carrol		land Tube	eruulosi red Bran			P.C.	74
	Village or Ci	ty	Henryto		land	No.	(above	Registration	Dist. No.	
	Length of resid	lence in c	ity or town where	death occurred	Q yrs 1 mos	death occurred in	a hospital or institut ow long in U.S. if of	tion, give its NAM f foraign birth?	E instead of street at	nd number)
2	FULL NAM	ME	Mary E	stella	Bony		U. S. Veteran,	specify WAR	None	
	(a) Residence	e: No	914 Cen	tral Av	e., Balto	st.Md.	Ward.		give city or town	and State
	PERSON	AL AN	ID STATIST	ICAL PARTI	CULARS		MEDICAL CI	ERTIFICATE	OF DEATH	1
3. S	ex female		or or race	5. SINGLE, MAR OR DIVORCE	RIED, WIOOWEO, D (purite the word) ELE	21. DATE	OF DEATH	April (Month)	14 (Day)	, 193.7 (Year)
5a.	If married, widowe HUSBAND of (or) WIFE of	ed, or dive	orced					CERTIF	Y, That   attend	ded decaased from
6. D	ATE OF BIRTH (	month, da	y, and year) Au	gust 15	. 1919	1 last saw h5	alive on	April	14, 19	
7. A	GE Year		Months 7	Oays 30	If LESS than  1 day,hrs.  ormin.		d on the date state L CAUSE OF DEAT S:			Oete ol onset
OCCUPATION	9. Industry or b	ork dona, BOOKKEI Jusiness i	as SPINNER, EPER, atc	omestic		Tuberculous Peritonitis July				July 1936
OCCO	SAW MILI	L, BANK,	etc	nknown 11. Total t spe occ	ima (years) nt in this upation IUKNOWI					
12.	BIRTHPLACE (cit		Wilson North	Carolin	a	Other Contributory Causes of importance:				
ER	13. NAME		Alida	Newsome						
FATHER	14. BIRTHPLACE (State or		North	ont Caroli	na		tion		Date o	n sulone No
ER	15. MAIOEN NAM	ΛE		gston B		1			ili in also the foliov	
MOTH	16. BIRTHPLACE (State or		Wn) Golds North	borough Caroli	na	Accident, suicid	de, or homicida?		Date of Injury	
17.	INFORMANT (Address)			n Hoffm ton, Ma	an, M.D. ryland	Specify whethe	r injury occurred in	(Specify city or INDUSTRY, In HO	r town, county and i	State) PLACE.
18.	Placa Placa	Case	aly Cemel	ry Data apr	il 18, 19 37		ry			
19.	UNOERTAKER /	Pole 15 V	est & g	villeg	yes	24. Was diseasa		ay ralated to occup	pation of deceased?	No
20.	FILED 4/1	4/37	19 Albe	ity Loca	Swankhi I Registrar.	(Signed)	Klube	rut of	war Marylan	м. <b>D</b> .

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	Example II	
S Date of onset		Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	3
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

M	ery item of infor-	ANS should state	ent of OCCUPA.	
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RESERVED	INK-THIS	AGE should be	that it may be	ons on back of
MARGIN RESERVED FOR BINDING	VITH UNFADIN	ully supplied.	plain terms, so	TION is very important. See instructions on back of certificate.
	PLAKLY, V	ould be caref	F DEATH in	ery importan
V. S. No. 1	N. BWRITE	mation sh	CAUSE O	TION is v

1.	County Ca	ATH rroll	Maryla	and Tubero		
	Village or City_H	enryton,	Maryla	and	No. (above) st.,	Ward
				(11)	death occurred in a hospital or institution, give its NAME instead of street and nu. 19 ds. How long in U.S. if of foreign birth?yrsmos.	mber) ds
2					If U. S. Veteran, specify WAR_None	
					to st. Md. Ward.	
			(Usual plac	e of abode)	If nonresident give city or town and S	tate
3. S	PERSONAL A				MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
3, 3		olored	OR DIVORC	RRIED, WIDOWED, ED (write the word) rried	(Month) (Day)	193_7 (Year)
5a.	If marriad, widowed, or di HUSBAND of				22. I HEREBY CERTIFY, That I attended de	cessed from
	(or) WIFE of	Marie H	Booth		February 18, 1937, to April 7,	
6. E	DATE OF BIRTH (month,	day, and year) Je	n. 2.	1904	I last saw h_iM_allve on April 7, 19 37;	death is said
7. A	AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the data stated above, at 2:10 A. II.	
	33	3	5	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Date of onset
N	8. Trade, profassion, or kind of work don	particular e, as SPINNER, EEPER, etc.	77-wr:	cala tr	Pulmonary Tuberculosis	
AT	9. Industry or businass	In which				July
OCCUPATION	9_industry or businass work was dona, a SAW MILL, BANK		iknown			1936
8	10. Date deceased last vear)	nonth and	II. Total	time (yaars) ent in this Unknow cupation Unknow	77	
		0		cupation	Other Contributory Causes of Importance:	
12.	State or country)	.,	hfield.		gas era das que des	
ER	13. NAME		cles Boo	oth		
FATH	I4, BIRTHPLACE (city or	Crait +	hfield		Name of operation Date of Date	
-	(State nr country	) Virg	ginia		What test confirmed diagnosis? Was there an au	topsy?N
HER	15. MAIDEN NAME		garet G	ovwin	23. If death was due to extarnal causas (VIOL ENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or	101111/	hfield		Accident, suicide, or homicida? Date of Injury	, 19
- 1	(State or country		ginia		Where did injury occur? (Specify city or town, county and State)	
	INFORMANT(Address)	idenz	ryton. I	fman M.D. Taryland	Spacify whather Injury occurred In INDÚSTRY, in HOME, or in PUBLIC PLAC	E.
18.	BURIAL, CREMATION, OF	REMOVAL VO		V 12,1937	Manner of injury	
	Placa	100	d o l	10/10	Nature of injury	
19.	UNDERTAKER (Address)	17.4.	Clint	T Hangs	Was disease or injury in any way related to occupation of deceased?	<u></u>
	A/7/37	19 alber	t.P.S.	and f	(Signad) Coulou Af man	
20.	FILED. #/ // U		y Loca	Registrar,	(Addrass) Henry on Maryland	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year
		23	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	41	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11 11111 11 20	1	· · · · · · · · · · · · · · · · · · ·	1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			(j3)
County Canall	,		Registration Dist. No. 74
Village or City System  Length of rasidence in city or town where		Vrs. mos	NoNoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?yrs
2. FULL NAME Claves	ue E	Brown	
	(Usual place		If U. S. Veteran, specify WAR
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	S. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH 1937 (Month) (Pay) (Page)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of Carllerin	eB.C	Rown	22. AND HEREBY CERTIFY. That I attended dacassed from
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months	Days	If LESS than 1 day, hrs.	I last saw h is alive on april 7 , 1937; death is sale to have occurred on the data stated above, at \$=34 A.m.
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data dacased last worked at this occupation (month and year)  11. Total tima (years) spant in this occupation (month and year)			The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  Date of onset  4-7-3
			Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (Stata or country)	H. Br	own	
13. NAME Charles  14. BIRTHPLACE (city or town)  (Stata or country)	nd.		Name of operation Date of What tast confirmed diagnosis? Was thara an au'opsy?
15. MAIDEN NAME Lydia Q. Mealy  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Mess Caelinine Brown  (Address) Suppressible and.			23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide?
18 BURIAL, CREMATION, OR REMOVAL	y Data Of	L. 9, 1937	Manner of Injury
19. UNDERTAKER HERE VIS (Address) Syxcessille	- mid	u.	24. Was disease or injury in any way rainted to occupation of decaased? 200
20. FILED Jun. 7 , 1937 Co	Harry J	Registrar	(Signad) M. (Addrass) Addrass

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I			Example II	
The principal cause of importance were	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 7 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
	The state of the s			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Registrar.

(Address) Henryton, Maryland

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Chronic interstitial ne	and death	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 7 150	July 5, 1927	Peritonitis	3 days ago
	BUREAU V S.			
Other contributory	causes of importance: .		Other contributory causes of importance:	
Gallstones	•	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

if so, specify (Signed)

Date of onset

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis VED	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 7 1931	July 5,1927	Peritonitis	3 days ago
BUREAU V. S. J.		1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS BY PHYSICIAN	4
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should state tem of infor-Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. ROSS of ully supplied. AGE should be stated EXACTLY. PHYSICIANS properly classified. ITON is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY,

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MARGIN RESERVED FOR BINDIN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		20 0000	
County Carroll		Registration Dist. No.	
Village or City Sykesvi	_ (	NoSpringfield State Hospital Ward If death occurred in a horpital or institution, give its NAME instead of street and number) os. 12 ds. How long in U.S. If of foreign birth? yrs. mos. ds.	
2. FULL NAME Biaggio		If U. S. Veteran, specify WAR	
(a) Residence: No. 905 Stl	les Avenue, Balt	1 M CSt, C, M CWard.  If nonresident give eity or town and State	
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH April 28, 1937 (Month) (Day) (Year)	
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)	h 110kmaum 191	22. I HEREBY CERTIFY. That I attended deceased from Jan. 16, 1937, to April 28, 1937.	
7. AGE Years Months	Days If LESS then	to heve occurred on the date steted above, at 2:15. m. m.	
18 2	Unknown or	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	•••••	Pulmonary tuberculosis 1/3/3	
year)  12. BIRTHPLACE (city or town)  (Stata or country)  Md	11. Total tima (years) spent in this occupation	Dther Contributory Causes of Importance:	
13. NAME Dominic DeF	erice		
13. NAME DOMINIC DEF		Neme of operation Date of What test confirmed diagnosis? Physe Examwas there in autopsykay	
I	la Diawand EDUARD	23. If daeth wes due to external causes (VIOLENCE) fill in also the following:	
[State or country]		Accident, suicide, or homicide?	
17. INFORMANT Hospital R (Address)	ecords	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Holy Pedewer Go	un Date May 1 1 , 1937	Menner of Injury	
19. UNDERTAKER Frank De (Address) 52 N. Morke	ella trace "ace	24. Was disease or injury in any way related to occupation of decaased?	
20. FILED Jew. 79, 19 CS	Farry Heer Registrar.	(Signed) M.D.  (Address) Springfield State Hospita	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1 week ago Chronic interstitial nephritis 1921 Run over by street car July 5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

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V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Carroll Registration Dist. No. 1) No. Sykesville, Maryland St,
(If death occurred in a horpital or institution, give its NAME instead of street and number) Village or CitySpringfield State Hospital Length of residence in city or town where death occurred 24 vrs. 9 mos. 10 ds. How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. onlan) 2. FULL NAME If U. S. Veteran, specify WAR If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH Female OR DIVORCED (write the word) Single 5e. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 12. 1937 to April 25. 1937 Unknown I last saw h\_@T\_\_ alive on\_\_\_\_ 6. DATE OF BIRTH (month, day, end year) 7. AGE to have occurred on the date stated above, at 12:10/m. Months Days If LESS than I dev.\_\_\_\_hrs. 67 The PRINCIPAL CAUSE OF DEATH and related causes of Importance or .... min. were es follows: Oate of onset 8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_\_ OCCUPATION Domestic Acute Cardiac Decompensa 9 Industry or business in which work was done, as SILK MILL, Gen. SAW MILL, BANK, etc. Housework 10. Date deceased last worked at 11. Total time (years) this occupation (month end spent in this occupation Unk Other Contributory Causes of Importance Ireland 12. BIRTHPLACE (city or town) .... (State or country) FATHER 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Clinical Symbol to mb Susopsy? No OTHER 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

(Address) 18. BURIAL, CREMATION, OR REMOYAL

19. UNDERTAKER

24. Was disease or injury In eny way related to occupation of deceased? If so, specify \_

Manner of injury

Nature of injury

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 7037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4013
1. PLACE OF DEATH	81-70
County Carsafila	Registration Dist. No. 24
Village or City Asperalle hid	No. String ward that St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Stargery Alsongelra	1 U. S. Veteran, specify WAR
(a) Residence: No. Suppende for	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
V1 1/15-12 "	March 26, 1937, to March 29, 1937
6. DATE OF BIRTH (month, day, and year) / Jarch 6 / 0	I last saw h alive on
7. AGE Years Months Deys If LESS than 1 day	to have occurred on the data stated above, at 10=35 m.
6/1 23 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER.	Date of onset
SAWYER, BOOKKEEPER, etc.	Cerebral Hemorologo 7/22/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9, Industry or business In which work wes done, as SILK MILL. SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	100
SAW MILL, BANK, etc	
Shellf III fill?	
year)occupation	Other Ceatributefy Caases of Importance:
12. BIRTHPLACE (city or town) /// auguann.	Generalized
(State or country)	2
I 13. NAME Allique huddlegas	allesso & elevoses!
t4. BIRTHPLACE (city or town) January	Name of operation Data of
(State of country)	What test confirmed diagnosis fuy. Was there an autopsy? her
to MAIDEN NAME Josephile Cashour	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) AMAY (AND LAND LAND LAND LAND LAND LAND LAND L	Accidant, suicida, or homicida? Data of Injury 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Daily humbers	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Mulsuill	The state of the s
18. BURIAL, CREMATION; OR REMOVAL	Mannar of Injury
Place Llaganore m. Date May 2, 19 37	Nature of injury
Vien & Ma	
19. UNDERTAKER // AUTO A CONTROL (Address)	24. Was disease or injury in any way ralated to occupation of deceased?
alilando alla sales	(Signed) // // // // M.D.
20. FILED Light 30, 19.3 / CFTAVY WILL Registrar.	(Address) Alberta 10 6

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	i.	Example I
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:
1 week ago	Attack of epilepsy	1915	Arteriosclerosis
1 week ago	Run over by street car	1921	Chronic interstitial nephritis
3 days ago	Peritonitis	July 5,1927	Cerebral hemorrhage 1931
	•		1/1/1 5.
	Other contributory causes of importance:		Other contributory causes of importance:
1 year	Gastroenteritis	May 1,1923	Gallstones
	Other contributory causes of importance:  Gastroenteritis	May 1,1923	

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	<b>STATEMENTS</b>	BY	PHYSICIAN
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V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of of importance were as f Arteriosclerosis	death and related causes ollows:	-	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 6 Put	July 5,1927	Peritonitis	3 days ago
	The second second			
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				<u> </u>

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	46-001
County Carroll	Registration Dist. No. 7/
Village or City Mission town	) List No. 2 St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
V /	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Vary Jagmas	rof Asmualt
(a) Residence: No. // Olymphia (Usual place of abode)	hd F/st., Ward.
PERSONAL AND STATISTICAL PARTICULA	If nonresident give city or town and State  RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WI	
OR DIVORCED (write t	he word) april 19887
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Solar S	1 HEREBY CERTIFY That I attended deceased from
Hadrey Messingle Var	mult (VeV 2), 1986, to Chril 17, 1931
6. DATE OF BIRTH (month, day, and year) 19 - 20 - 18	i last saw h alive on affile 1, 19.3 ; death is said
	to have occurred on the date stated those, et & A.m.
23 /   8 /   or	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Part
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (moret) and	Community 24
work was done, as SILK MILL, fun, flar	m Jegmon
Jo. Date deceased last worked at this occupation (month and year) - John time (year) occupation coupation -	35
	Other Contributory Causes of importance:
12. BIRTIIPLACE (city or town) far fand	- Survey of mong of
11 13. NAME haself has an well	- Dirigo carages 8 9
14. BIRTHPLACE (city or town)	Color Love Annie
[State or country]	Name of operation What test confirmed diagnosis Plub Curfully Wes there en au opsy?
I 15. MAIDEN NAME Comma Isligs	What test confirmed diagnosis? The Development Westhere en au opsy? The 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Coma Sligs 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Maryland	Where did injury occur?
17. INFORMANT Mrs Saolie Former	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Mistminster My. H.	5. 7
18. BURIAL, CREMATION, OR REMOVAL	19 Manner of injury
Samplace and for mod Date	/, 1953 / Nature of injury
19. UNDERTAKER Little & Jon. (Address) Little Low Ph. Per St.	24. Was disease or injury to any wey related to occupation of deceased?
20. FILEDam. 19, 1957 Margaret R. En	glas (Signed) Messeur A I Jastico M. g.
	te Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
REIRPAN V. S.	14			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		· · · · · · · · · · · · · · · · · · ·		

should state RD/Every item of inforof OCCUPA-PHYSTCIANS Exact statement IS A PERMANENT RE EXACTLY. properly classified. See instructions on back of certificate. stated WITH UNFADING INK-THIS be mation hould be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may TION is very important. N. B.—WRITE

MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4016
1. PLACE OF DEATH	GF P
County Carrols	Registration Dist. No. 42
Village or City Mon Mylls	No. St., Ward
Length of residence In city or town where death occurred by yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)  death occurred in a horpital or institution, give its NAME instead of street and number)  death occurred in a horpital or institution, give its NAME instead of street and number)  death occurred in a horpital or institution, give its NAME instead of street and number)  death occurred in a horpital or institution, give its NAME instead of street and number)  death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Daniel Teler	Trock
(a) Residence: No.	St.,Ward.
(Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Mary Albulle Trock	22. I HEREBY CERTIFY, Thet I ettended deceesed from
6. DATE OF BIRTH (month, day, and year) Dec12-1853	I lest saw h elive on, 19; death is said
7. AGE Years 3 Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at / J. Z. m.
7 7 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	Nooth College
10. Date deceased last worked et this occupation (month and 1927 11. Total time (years) spent in this year) occupation contact the spent in this year.	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance;
	Sid age
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Dete of
	Whet test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME (Jaan Jarker) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT Jun Trock (Address) Westminster MA	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL mills and april 29,1977	Manner of injury
19. UNDERTAKER (Address) Settlesam (At Page 4)	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?
20. FILED April 27th: 1937. Coloris Densey.	(Signed) Calvert Hankert Registrorm. D.  (Address) Union rulla, Ind.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis N Y 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chamic intentition and the state of the	1915	Attack of epilepsy	1 week ago
Chronic interstituat negaritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Carroll	Registration Dist. No. 75
Village or City Mean Manchestu	No. St. Ward
Length of residence in city or town where death occurred 3.7 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long in U.S. If of foreign birth?yrsmos,ds
2. FULL NAME Charles H Giller	<b>*</b>
(a) Residence: No. Manchester	St., Ward.
(Usual place of abode)	· If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
male White married (vortee the word)	21. DATE OF DEATH (1) (Day) (Mear)
5a. If married, widowed, or divorced HUSBAND of COLLUSTER MAS Mora Gilbert	22. ALL HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Nov. 27, 1870	I last saw h www alive on [] [] 1932; deeth is sal
7. AGE Years Months Days If LESS than	
66 4 17 1 day,h	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were es follows:  Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Que to Dealer's
SAWYER, BOOKKEEPER, etc.	Jugua 1 cete as
MILL, BANK, etc	
10. Data deceased last worked at this occupation cannot and 1937 spent in this occupation cannot are the spent occupation.	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
(Stata or country) Waryland	arteroseleroses
13. NAME Samuel Gilbert	
13. NAME Samuel Silvert	Name of operation Date of
(State of Country)	What test confirmed diagnosis?
# 15. MAIDEN NAME Caroline Hyde	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19,  Where did injury occur?
17. INFORMANT MAS. Nord Prilbert (Address) Manchester and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Platriadar Branch Whate 4-16,193	7_ Neture of Injury
19. UNDERTAKER Jacob Winks Sono,	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Manchester Md	If so, specify
20. FILED apr. 15 , 19 37 Mrs. Nr. P. S. Denne	(Signed) Warely Die 200
V Registrar.	" (WARRESZ) (WARRESZ)

MARGIN RESERVED FOR BINDIN

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Address)

more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting US. No. 1.

(Year)

Date of onset

That I attended deceased from

(Day)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	0	2	0
4	U	1.	U

1. PLACE OF DEATH		(3)	
County Carroll	/ 	Registration Dist. No. 46	
Village or City Fuels Fu		No. St.,  f death occurred in a hospital or institution, give its NAME instead of street and it.  ds. How long in U.S. if of foreign birth? yrs. m	
	a on 11	, , , , , , , , , , , , , , , , , , ,	03
(a) Residence: No. Jour	(Usual place of abode)	St., Ward.  If nonresident give eity or town and	State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	Diate
Mule 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193 // (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Murgare  6. DATE OF BIRTH (month, day, and year)	ue. 19, 1852	22. 1936 CERTIFY. That ettended  1936 19 to Opport  1 last sew h 191 elive on Opport  1937	deceased from
7. AGE Years Months  Superior Months  Su	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this occupation  timou Co	Charac asthma Charac myo coodiff Classic nephration Classic nephration Character nephration C	4-1-3,
(State or country)  13. NAME  14. BIRTHPLACE (city or town)  15. Charles of town)	Dosnell.		
14. BIRTHPLACE (city or town) (State or country)	allumore co	Name of operation Date of What test confirmed diagnosis? Was there an a	1
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  7. D. J. Faule	Taylor woll Co: The Bosnell	23. If death wes due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL/	g: , 19
18. BURIAL, CREMATION, OR REMOVAL PIACOM Pleasant Cemb	4. Date Gynil 7, 1937	Manner of injury	
19. UNDERTAKER (Address) Win	Valta:	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED 4/6 37 1/1	Registrar.	(Signed) Affin Augusticus (Aedress) Augusticus	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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rincipal cause of death and related causes cortance were as follows:  of epilepsy  ver by street car  vitis	1 week ago 1 week ago 3 days ago
per by street car	1 week ago
itis	3 days ago
contributory causes of importance:	
enteritis	1 year
roe	roenteritis

ADDITIONAL	SPACE :	FOR	<b>FURTHER</b>	<b>STATEMENTS</b>	BY	PHYSICIAN
------------	---------	-----	----------------	-------------------	----	-----------

V. S. No. 1

20. FILED.

STATE OF MA	RYLAND-	CERTIFICATE OF DEATH	4021
1. PLACE OF DEATH			1
county Vasroll		Registration Dist. No.	
	Tions	The second secon	د
Village or City La arrollton Sta	SWM (If	NoSt.,St.,Steach occurred in a hospital or institution, give its NAME instead of street and i	number)
Length of residence in city or town where death occurred.	8-4-yrs. 6 mos		osds.
2. FULL NAME Lewis Gre	IMS	If U. S. Veteran, specify WAR	
	M. I.,	St., Ward.	
(a) Residence: No. (Usual p	lace of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PAR	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
OR DIVO	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH foil 16	, 193
5a. If married, widowed, or divorced .	· vuen	(Month) (Day)	(Year)
HUSBAND of Tatherney, Wilgin	4	22 Chail HEREBY CERTIFY. That I attended	eceased from
6. DATE OF BIRTH (month, day, and year)	6-18819	1 last saw h Asser alive on Cepace 14 1937	_; death is said
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, at	
84 6 19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
- 8. Trade, profession, or particular		were as runows.	Dats of onset
E Rade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc	. Relived		
9. Industry or business in which		Clark Hemplegia	3/26/3
work was done, as SILK MILL, Our Fu		Primary cause , Cerebral Remourhages	
10. Date deceased last worked at this occupation (month and 23	spent in this	Duration & 3h Lower Cuff	
year)	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)		- M	
(State or country) MM		Mr. Cystetes.	
13. NAME Lewis Freene		Chr. Postatetes -	
13. NAME L CUTS Greene  14. BIRTHPLACE (city or town)	/baasan-sa-b-s-neessa-	Name of operation	
(State of country)		What test confirmed diagnosis? Was there an a	autopsy? 14
15. MAIDEN NAME Hancy Mi	ller	23. If death was due to external causes (VIOLENCE) fill in also the following	g:
6 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
(State or country)		Where did Injury occur?	
17. INFORMANT Morrill Green	<u> </u>	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	V.:/.	Manner of Injury	
Place Leislers & M. Date Cy	WY 17, 1937	- Nature of injury	
WRank as Atra	m .		40 -
19. UNDERTAKER T. OUTERANDE (Addiess) A 1 7 5 Tomin & Tim	ma	A so. specify	

If more blanks are needed, address State Registylar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signed)

(Address)

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	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	PORTE FOR INVESTIGATION	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	MAY 8 1937	July 5,1927	Peritonitis	3 days ago
	SUPERLY, S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Larro Registration Dist. No.\_ Village or City MA. Wistminster (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred. mes.\_\_\_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. statement 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) classified. (Month) 5a. If married, widowed, or divorced HUSBAND of 22. BY CERTIFY, That I attended deceased from (or) WIFE of × certificate. 6. DATE OF BIRTII (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day \_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_\_min. were as follows 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. MARGIN RESERVED Sing may 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at on 11. Total time (years) this occupation (month and spent in this that instructions occupation \_\_ Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis? ..... Was there an autopsy? MOTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? \_\_. 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Very 17. INFORMANT plnods OF (Address) 18. BURIAL, CREMATION, OR CAUSE LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) (Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Ward

Date of onset

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Example 1 Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 weck ago Chronic interstitial nephritis 1921 Run over by street car 1 wcek ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4023
1. PLACE OF DEATH	(R):(a)
County Carroll	Registration Dist. No.
Village or City hackmans Walley	NoSt.,Ward
11 0	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
Service May 71 11.	
2. FULL NAME CLORGIA CELL HANGE	If U. S. Veteran, specify WAR
(a) Residence: No. (Salaman) (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Afril 2 and 1937 (Month) (Day) 1937
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of HOTEL HOTEL	22. HEREBY CERTIEY, That I attended deceased from
1 2 17 11 15 18	I last saw has alive on A Mark 1937; death is said
6. DATE OF BIRTH (month, day, and year) Jeff . 6 7  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 44 44 44
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Carebral Harmoffee Date of onest
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and spent in this securation (month and spent in this security in the securation (month and spent in this security in this security in this security in the spent in this spent in the spent in this spent in the spent in the spent in the spent	
9. Industry or business in which work was dona, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13, NAME aniel to ller	· • • • • • • • • • • • • • • • • • • •
13. NAME Amil Jeller 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Garoling Hager	23. If daath was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME (9 aroling Hage)  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
X (State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Property Harrie (Address) Backmans Valley Mil.	Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place DUMUS DUM! Oat Comment 193	Nature of Injury
19. UNOERTAKED Daupard Por	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) ( leting uter, MA)	If so, spacify
20. FILEO 4/2, 1937 of alasson	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 6 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

County	annell				Registration Dist. No.	74
	City Syl		ma		No. Springfield State Hope Ind. St., death occurred in a hospital or institution, give its NAME instead of street a	Ward
Length of	esidence in city	or town where o	feath occurred	(if yrs,mos	death occurred in a hostiful or institution, give its NAME instead of street a  S_ds. How long in U.S. if of foreign birth?yrs	nd number)
2. FULL N		7-lus	H Lang	tredies	If U. S. Veteran, specify WAR	
	ence: No.	2465	Mona.	stery /	Bastinin Ward, Md.	
PERC	NIAL AND	CTATICT	(Usual place		If nonresident give city or town	
3. SEX	4. COLOR		CAL PARTI	RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	1
Male		ite	OR DIVORCE	(write the word)	(Worth) (Oay)	, 193 📉
5a. If merried, wi HUSBANO o		d			22.   HEREBY CERTIFY, Thet   attent	dad daraged from
(or) WIFE o					april 21 1937 10 april 26	
6. DATE OF BIRT	H (month, day, e	end yeer) M	au 8-1	876	Hest saw ham elive on Opril 26 193	7; death is sei
7. AGE	rears	Months	Oays	If LESS then 1 dey,hrs.	to heve occurred on the date stated above, at 6.20 P.m.	
1		11	18	ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:	Oate of ones
8. Trede, pr	ofession, or perti of work done, es ER, BOOKKEEPE	SPINNER.	Brook P	2000-	61 700	Knou
9. Industry	r business in w	hich	· 24 - A - 3 - 7 - 7 - 7 - 7 - 7 - 7 - 7	ON INDUSC.	Tulmonary Luberculosis	4-23-7
SAW	was done, es SIL MILL, BANK, etc					4-20-1
- 17 0 11119 0	esed lest worke		11. Totel ti	me (yaars) nt in this 32 4ca		
		Baix	8	d	Other Contributory Causes of importance:	l,
12. BIRTHPLACE (State or		Jerm			Chronic Mycarditto and	
™ 13. NAME	menl	Hen	Prent		Titiscanaus Negementine	4:42
13. NAME	CE (city or town	honks	www		Neme of operation	of
(2/8/	or country)	genn	namy		Whet test confirmed diagnosis? X:Day Wes there	
15. MAIDEN 16. BIRTHPL	NAME T	enera	Schan	nberger	23. If death wes due to externel ceuses (VIOL ENCE) fill in elso the follow	wing:
	CE (city or town		Knoun	4	Accident, suicide, or homicide? Dete of injury	, 19
(Stetal	or country)	den	many		Where did injury occur? (Specify city or town, county and	State)
17. INFORMANT _ (Address)	hand	al Ka	conds		Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	PLACE.
18. BUDIAL CREA	ATTA, OR REM	10VAD B	Date 4/	19 1937	Manner of Injury	
1 1000	UD	000	0010	P	Nature of injury	10
19. UNDERTAKER	11	100	an T	don't	24. Was disease or injury in eny way related to occupation of deceased?	Yla
(Address)	19011	H-a-CC	ma .	*	If so, specify	

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	12	Other contributory causes of majortaine:	
Gallstones	May 1,1923	Gastraenteritis	1 year
		193	-
	1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

0 1

PHYSICIANS should state

Exact statement of OCCUPA-

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Z	N	CI	sifie	V	
MARGIN RESERVED FOR BINDIN	RM	XA	clas		1
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OR	A	ated	ope	tific	
구	SIS	st	pr	cel	1
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	A	ld b	DE	y in	
	Id :	nous	OF	ver	1
	ITE	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.	
-	WR	nati	CAU	LIOI	
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	H			-
V. S.	ż				

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 4	025
1. PLACE OF DEATH	(93·č)	
County Carroll A	Registration Dist. No. 6	. do
Village Dr City Ovonkall	ND. St.,	
	osds. How long in U.S.If of foreign birth?yrsmo	
2. FULL NAME William N. ate	ssou	
(a) Residence: No.	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S	State
3. SEX 4. COLOR OF PACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
Male While Divorces	(Month) (Day)	193_7 (Year)
ia. If married, widowad, or divorcad HUSBAND of		
(or) WIFE of Calple Stozenje	22. I HEREBY CERTIFY, That I attended d	receased from
B. DATE OF BIRTH (month, day, and yeer) Dank 12 186	Mast saw h Maralive on Usr 13 1937	: death is said
AGE Years Months Days If LESS than	to have occurred on the data steted above, at 330 P. m.	
76 0 2 Iday,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:	
8 Trade protection or particular	arienio - Selessio	Date of onset
sawyer, BDDKKEEPER, etc	Chronic Myses lite:	7
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at his securation (month and	Elnebral V Judan Loque	4-13-3
10. Date deceased last worked at this occupation (month and year) spant in this year)	0	
12. BIRTHPLACE (city or town) A Caproll Com	Dither Coutributory Causes of importance:	
(State or country)		
13. NAME WYANAY YERAON		
13. NAME WYANAM YEARON  14. BIRTHPLACE (city or town) Math. Known  (State or country)	Name of operation	SN A
15. MAIDEN NAME Alland diem	What test confirmed diegnosis? Was there an at 23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Hary Olm  16. BIRTHPLACE (city or town) Mathematical Marchine		19
(State or country)	Where did injury occur?	
17. INFORMANT My Ralph Street	Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	) CE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of Injury	
Placa Silve Russ Day Dates Work 17, 1939	Nature of injury	
19. UNDERTAKER ON Hartsterly Sona		us.
(Addrass) Alw Wyuddow MA	If so, specify	
20. FILED 4/6 103 ) KROOST X	(Signed) kee . J. J	M. D
Registyler.	(Ardress) New War Mit	

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage MAY 8 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of impurtance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address

Date of onset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:	10-7-01/30	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1
N. B.—WILT

## STATE OF MARYLAND-CERTIFICATE OF DEATH

A	A	()	ing
4	U	4	8

1. PLACE OF DEATH			(7)	and the same
County Camo	el.		Registration Dist. No	74
Village or City Marrin	attsvill	e md.	No.	St Ward
Length of residence In city or town whera		(If	death occurred in a horpital or institution, give its NAME instead of st	reet and number)
1 ) 100.	deeth occurred	10 . 1	11.	
2. FULL NAME Willis	am Cli	Ston 100	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of	of abode)	St., Ward.  If nonresident give city or I	own and State
PERSONAL AND STATIST	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEA	ATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARE OR DIVORCED	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193. 7 (Year)
5a. If married, widowed, or divorced			(month) (bay)	(Teal)
HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I	
			, 19, to	
	Wav.1		I lest saw h alive on,	19; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the dete stated above, at Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importa	
	20	ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,			+1A	
SAWYER, BOOKKEEPER, etc  9. Industry or business In which			Measles.	nuck
work was done, es SILK MILL, SAW MILL, BANK, etc.				
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		me (years) t i n this pation		
12. BIRTHPLACE (city or town) Man	williall	e, mel	Other Coutributory Causes of Importance:	
(State or country)	1100.			
13. NAME Withus	140000			
13. NAME (Urthur)	my tru	,	Neme of operation	Dete of
(State of country)	anylan	d	What test confirmed diagnosis? Was t	here an autopsy? 200
15. MAIDEN NAME Lille M	Udy Sel	luan	23. If death was due to external causes (VIOL ENCE) fill in also the	following:
15. MAIDEN NAME Lilie M	mytre	nd	Accident, suicide, or homicide? Date of Injury	y, 19
(State or country)			Where did injury occur? (Specify city or town, county	d Cu>
17. INFORMANT Within (Address) Marie	Aobbo	, mel	Specify whether injury occurred in INDUSTRY, In HOME, or in PU	BLIC PLACE.
18. BURIAL, CREMATION, OR PEMOVAL	4	/ '	Manner of Injury	
Place Mt Grew en	relogy, of	rel 2193/	Nature of injury	
19. UNDERTAKER Weev X	ne. Ine.		24. Was disease or Injury in any way related to occupation of dece	
1111	) Also and	Stren	(Signed) Lerschel Keed. a	et Coroner
20. FILED 19.0		Registrar.	(Address) Sylleville, )	ud

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis CE 1	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY 7 1937	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

# -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state of OCCUPA. Exact statement properly classified. FOR BINDIN TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1 N. B.

STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEAT

1. PLACE OF DEATH		(151)
County Carrol		Registration Dist. No.
	7.0	No. M. P. Hottle of the Aged St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where		nos. 18 ds. How long in U. S. if of foreign birth?
2. FULL NAME Amar (a) Residence: No. 259 E	nda Stevens Hop Main	St Ward.
(a) nesidence. No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. color or race White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH  April 28 , 193 7 (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY That attended deceased from
. DATE OF BIRTH (month, day, and year)	July 17 1850	I last say h lastive on 19 ; death I sail
7. AGE Years Months	Days If LESS than	
86 9	11   1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Chromopheretiled from
year)	11. Total time (years) spent In this occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (CITY OF TOWN)	erville Mryland	1/10000000
13. NAME William	J. Hopper	- Course
13. NAME WILLIAM C		Name of operation Date of Was there an autopsy 20
15. MAIDEN NAME Sarah Ste	vens	23. Il death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Sarah Ste	rryland	Accident, suicide, or homicide?
7. INFORMANT M. P. Home (Address) Westmir	Records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Westminster, Ce	m Date April 30,19	Manner of injury
9. UNDERTAKER J. Franci (Addiess) Westmir	s Reese	24. Was disease or injury in any way related to occupation of deceased?
10. FILED # 35, 193 7 K	MW 8 80 Registrar.	(Signed) Allow gowon M. I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II		
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:	

Ward

BINDIN

RESERVED

MARGIN

Village or City Henryton, Marylan Length of residence in city or town where death occurred Q yrs 2 mos. 28 ds. How long in U.S. If of foreign birth? yrs mos. ds.

1. PLACE OF DEATH County Carroll

STATE OF MARYLAND—CERTIFICATE OF DEATH Maryland Tuberculosis Sanatorium

				2110001	I did	'el	
Col	ored	Bran	ich (	25	Registration	Dist. N	0. 74
d		No.	abo				St.
	(H death	occurred :	in a hosnit	al or institution	critica ita NIAM!	Finales	of street and num

2. FULL NAME Daisy Margielee Page Huey If U. S. Veteran, specify WAR -- None

(a) Residence: No. 615 Camel St., Baltimore St., Md. Ward.
(Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Female. Colored 5a, 1f married, widowed, or divorcad HUSBAND of I HEREBY CERTIFY. That I attanded daceased from (or) WIFE of 19 37 to April 6. DATE OF BIRTH (month, day, and year) Sept . 7. AGE If LESS than Months Days 1 dev .....hrs. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance 14 27 or\_\_\_\_min. were as follows: Date of onset 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION Scholar 9. Industry or business in which work was dona, as SiLK MILL, at school SAW MILL, BANK, etc ..... 11. Total tima (yaars) 10. Dete deceased last worked et spent in this this occupation (month and nkndwa occupation ... Other Contributory Causes of Importance Roanoke 12. BIRTHPLACE (city or town) (State or country) HER Huev 13, NAME 14. BIRTHPLACE (city or town) Chattanooga FAT Name of operation \_\_\_\_ ennessee (Stata or country) What test confirmed diagnosis? Was there an autopsy? Yes MOTHER 15. MAIDEN NAME Frances Wilson 23. If death was due to externel causes (VIOL ENCE) fill in also the following: 

16. BIRTHPLACE (city or town) Marion (State or country)

Reuben Hoffman, 17. INFORMANT Henryton, Md. (Address) 18. BURIAL, CRAMATION OR REMOVAL

19. UNDERTAKER (Address)

Nature of Injury

If so, specify

Where did injury occur?\_\_\_\_\_

Menner of Injury

24. Was disease or injury in any way related to occupetion of daceased?\_\_\_

(Specify city or town, county and State)

Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE

(Address) \_ Deputy Registrar. Henryt Local If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		/ m	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1923	1 -
		10.	1

-WRITE PLA

V. S. No. 1 m

1. PLACE OF	EATH					
CountyC	ARROLL			Registration Dist. No.	14	
Village or City	Springfie	ld State	e Hospita	1 No. Sykesyille, Md. St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward	
Length of residence	e In city or town where	death occurred	21_yrs_1mo:	f death occurred in a hospital or institution, give its NAME instead of street and s. 13. ds. How long in U.S. if of foreign birth?	d number) mosds.	
2. FULL NAME				If U. S. Veteran, specify WAR		
(a) Residence:	vo. Westr	ninster		St., Ward.		
		(Usual plac	e of abode)	If nonresident give city or town a	nd State	
	AND STATIST			MEDICAL CERTIFICATE OF DEATH		
Female	White		RRIED, WIDOWED, ED (write the word) gle	21. DATE OF DEATH  April 29,  (Month) (Day)	, 193_7/ (Year)	
<ol> <li>If married, widowed, o HUSBAND of</li> </ol>	r divorced			22. I HEREBY CERTIFY, That I attenda	d deceased from	
(or) WIFE of				December 15 ,19 36 to April 2		
6. DATE OF BIRTH (mon	th, day, and year) Se	pt. 7,	1891	I last saw h. er. alive on April 29 19.3	7; death is said	
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at li25p.m.		
45	7	22	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset	
8. Trade, profession, kind of work SAWYER, BOO	done, as SPINNER, OKKEEPER, etc			Epilepsy	1894	
<b>V</b>	ess in which a, as SILK MILL, Pa NK, atc.			A Control of the Cont		
O 10. Date deceased la: this occupation	st worked at n (month and 1916	sp	time (years) ant in this apationUnk			
		oll Co.		Other Contributory Causes of importance:		
12. BIRTHPLACE (city or (Stata or country)	town)	011 00.	-9-19-19-e-	Cerebral Embolism	4 CE 7	
13. NAME F	dward F.	Huff			tr.20.0	
14. BIRTHPLACE (city	or town) Carr	oll Co.	, Md.	Name of operation Date of.	9.9	
15. MAIDEN NAME		. Attle	sberger	What test confirmed diagnosiclin - Symptomes there at		
16. BIRTHPLACE (city	or town)		- Douget	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicida?		
1 (0.000		nna.		Where did injury occur? (Specify city or town, county and S	tate)	
17. INFORMANT Spr	ingfield Svkesvi					
18. BURIAL, CREMATION,			mel lu	Manny of Injury		
Plade X	lesson &	a Data Ma	y / 1937	Notice of injury		
19. UNDERTAKER	Volite	TSo	Pa	24. Was disease or injury In any way related to occupation of deceased?		
20. FILED Glev	29,1937 Q	Harry	Heer	(Signed) Harry F. Baer, (Address) Sykesville W	1d. M.D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

Att	WALL OF MAKIEMID	CERTIFICATE OF BEATTI
infor state UPA	1. PLACE OF DEATH	92-00
of information of of information of	County Carroll	Registration Fist. No.
	Village or City Ley Recvelle	Na thering, feels thate the pelithon
·H		f death occurred in a horpital of institution, give its NAME instead of street and number)  5. 25 ds. How long in U.S. if of foraign birth?
Every MANNS Ement	1. 100	
CIZ E	2. FULL NAME Many Suran Sylah	The state of the s
(D. Every YSICIANS statement	(a) Residence: No. 2/19 (Usual place of abode)	St., Ward. Baltimae Ind.
CORD. Every PHYSICIAN act statement	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECC PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21 DATE OF DEATH
E H	OR DIVORCED (write the word)	april 27 193 7
T L ed.	5a. If married, widowed, or divorced	(Month) (Day) (Yéer)
AN C C Sife	HUSBAND of Charles R Lakehart	22. I HEREBY CERTIFY, That I attended deceased from
BINI ERM EXA class		- Clar 2 1936, to afferil 22 , 19 3
BIN EX EX y cla	6. DATE OF BIRTH (month, day, end year) Feb. 2 3, 1869	I last saw here alive on Wheel 22 , 19 27; daath is sai
FOR BI IS A PE stated E properly	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et /_ # 5m.
FOR IS A stated proper	6 8 / 1 day,min.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER,	Chronic Endoardelse 193.
VED -THIS ald be ay be ck of	SAWYER, BOOKKEEPER, atc.	My beardiel Bugknerdeen "
RV ould may	9. Industry or business in which work was done, as SILK MILL, a care Racee	activioralisaines "
INK-INK-It it it it on b	U   10, Data deceased lest worked at   11, Total time (years)	
	O this occupation (month and spent in this occupation occupation	
R AG AG ions	Lange Court	Other Contributory Causes of importanca:
GIN 'ADI eed. ns, so truct	(State or country)  Marcy Care	-
( ) _ 4 00 00 77	13. NAME John Mercely	
4: F - 4	13. NAME John Mycely  14. BIRTHPLACE (city or town) Love (State or country)	Neme of operation Date of
E : 0	(State or country) Wasse Canad	Whet test confirmed diagnosis? Was there an autopsy?
_ EEG.	I 15. MAIDEN NAME National Divings	23. If death was due to external causes (VIOLENCE) fill in also the following:
1	16. BIRTHPLACE (city or town) Noward County	Accident, suicide, or homicide? Date of injury
NLY, ee cal ATH nport	16. BIRTHPLACE (city or town) Norwald Could (State or country) Mary Laure	
Annid be DEA'	Hospital Regards	Whara did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA hould OF D	17. INFORMANT CALLER (Address) Serblewille Med	
	18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
SE	Place Tredon (ach Date april 26, 193)	- Nature of injury
-WRITE mation S CAUSE TION IS	who Arable and Decker & Son	24. Wes disease or injury in any wey related to occupation of deceased?
LOB L	19. UNIVERTAREE (Jam Aufunt Line)	if so, specify
Z E	Of Pas (12) Colore Silver.	(Signed) Wars 4. Thes M.
> Z	20. FILED 19 1 19 3 1 CFT Bridge Class	(Addrass) Ly/Berwille Wed

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N N N N N N N N N N N N N N N N N N N					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

# stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-OCCUPA-Exact statement of CACSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied.

STATE OF	MARYLAND-	CERTIFICATI	E OF DEATH	XVU
1. PLACE OF DEATH		82-a	y .	~ /
County Carroll g			Registration Dist. No	74
Village or City As fee	will	No.		St., War
Length of rasidance In city or town where daat		s24ds. How long in U.S.	institution, give its NAME instead of all S. if of foraign birth?yrs	treet and number)
2. FULL NAME Trank	of My my		ran, specify WAR	
(a) Residence: No. 235011	Portomas.	St a Ward F		
	(Usual place of abode) Hay	reistone his	If nonresiden) give city or (	town and State
PERSONAL AND STATISTIC			L CERTIFICATE OF DE	ATH
Male white 5.	OR DIVORCED (write the word)	21. DATE OF DEAT	(Month) (Day)	1987.
5a. If married, widowed, or divorced HUSBAND of Many	lannan	22. A HERE	BY CERTIFY. That I	
(or) WIFE of	2	Vest 24	BY CERTIFY, That I	17 4193
6. DATE OF BIRTH (month, day, and year)	16 26-1872	I last saw have alive or	april 17	, 19.3.7.; death is sa
7. AGE Years Months	Days If LESS than	to have occurred on the date	AILG	
646	27   1 day,hrs.	The PRINCIPAL CAUSE OF I	DEATH and related causes of importa	
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1. +		A	Date of onse
SAWYER, BOOKKEEPER, etc.	agem	Le	refraf	-f 4-f
work was done, as SILK MILL SAW MILL, BANK, atc.	surance		Hemons	rage /16/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date dacaased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		2	
TO BURLING (ST. COLLARS TO THE STATE OF THE	ma Whin	Othar Contributory Causes of	Importance:	
12. BIRTHPLACE (city or town) (State or country)	Whi	·	Dille -	1930
W 13. NAME Whilian	yannau		Jelus.	
14. BIRTHPLACE (city or town)		Name of operation		Data of
(State or country)	ult	What test confirmed diagnosi	01 6	there an autopsy?
15. MAIDEN NAME June	mi Serrai	23. If death was due to extern	al causes (VIOL ENCE) fill In also the	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	f	Accident, sulcide, or homicide	e? Date of Injur	у, 19
(State or country)	juy,	Whare did Injury occur?	(Specify city or town, county	w and State)
17. INFORMANT	I Resord	Specify whether injury occur	red in INDUSTRY, In HOME, or In Pu	JBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1 (1hu 72 2	Manner of injury	**************************************	
Place / Clary Bury	Date 1900, 19.0	Nature of injury		
19. UNDERTAKER TELECT M.	Draine.	24. Was disaase or injury In a	any way related to occupation of dece	ased?
(Address)	Tour MO	if so, specify	ha la ha	7
20. FILED JUN. 17, 1937 CSF	any New	(Signed)	1 4 Mags	1/ M.
	Registrar.	( Cottos) is	roballed & sul	0 14021

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltipore, Requesting V. S. No.

V. S. No. 1

WRITE PLA

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			3	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1	0
	M)
1	

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MARGIN RESERVED FOR BINDIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLA	CE OF	DEAT	гн	•	Mar	vland T	ub	perculosis Sanatorium	
	Cour	ıty		Carrol.	1		Co	To	ored Branch 28 Registration Dist. No. 74	
	Villa	ge or City	/	Henryt	on,	Mary	land		No. (above) st.	Ward
1								(If	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
1										
2	1	L NAM							If U. S. Veteran, specify WAR None	
	(a)	Residence	: No	TAOT IN		LLON (Usual place		LT	O.St., Md. Ward.  If nonresident give city or town and	State
article of	PEI	RSONA	LAN	D STATIS	TICAL	PART	ICULARS		MEDICAL CERTIFICATE OF DEATH	
3. 5	SEX		4. COLO	R OR RACE			RRIED, WIDOWED,		21. DATE OF DEATH	
f	ema]	Le	C	olored	0	Mari	ed (write the word)		April 13 (Day)	1937 (Year)
5a.	If marria	d, widowad							22.   HEREBY CERTIFY, Thet   attended of	tonound from
	(or) WI	IFE of	Rob	ert Jo	nes				April 8, 19 37 to April 13.	
6 1	DATE OF	RIPTH (m	onth day	, and year)	Oct	ober	5. 1899		Hest saw h. er elive on April 13. 19 37	
_	AGE	Years	onen, gay	Months	1	Days	If LESS than		to have occurred on the date stated above, at 7:40 mP .M.	
		37		6		8	1 dey,	hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
Z	8. Trad	ie, professi	on, or pa	rticular as SPINNER,	-					Date of onset
T10	10	SAWYER, B	ODKKEE	PER, etc	الز	omest	ic		Pelvic peritonitis	
OCCUPATION	1	work was d	one, as S	ILK MILL.		Unkno	wn			Jan.
CC	10 0-4	SAW MILL, deceased	Inch	de de la colo		11. Total	time (yaars)			1937
0	0	this occupa year)	tion (moi	nth enunkn	own	Sp Oc	time (years) ent in thunkn cupation	OV		
17	RIPTHPI	LACE (city	or town)	Fran	kli	n			Other Contributory Causes of Importence:	
1 400		te or countr		Virg	ini	a			pulmonary tuberculosis	June
ER	13. NAN					Sess	ons			1937
FATHER	14. BIRT	THPLACE (	city or to	wn) Ahou	ski	е			Name of operation	
_		(State or co	ountry)	Nort	h Ca	aroli	na		What test confirmed diagnosis? Was there an a	utopsy? yes
MOTHER	15. MAI	DEN NAMI	Ε	Mand	y M	oore			23. If daath was due to external causes (VIDLENCE) fill in also the following	
IOT		THPLACE (		wn) Went	ent		<b>M</b> O		Accident, suicide, or homicide? Date of injury	719
2.	1	(Stata or c	ountry)			aroli			Whera did Injury occur? (Specify city or town, county and State	e)
17.	INFORMA					Hoffn			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18.		CREMATIC	N. Oft R		y to	II, IVIE	ryland	-	Manage of Jaluan	
	Place	M	-an	// / -	nelys	te 4/	1.6.1.19.	37	Neture of injury	
		/	7/	( 4 ) (	6	NI.	AN )	,		No
19.	UNDERT.	AKER .	03	Pres 11	tone	W SI	Balto.	20		
		4/13	/37	1116	est	P	1		(Signad) bleeben Haffman	M. D.
20.	FILED		4.4.1	Denu	t.v	Loca	Registrar.	au	(Address) Henryt Maryland	1

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BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

## CTATE OF MADVIAND CEDTIFICATE OF DEATH

County arkally	~~~~~		A	egistration Dist.	No. 7	4-
Village or City Say Recon	elle M		death secured in a hospital strinstitution, g			
Length of residence in city or town where dee	th occurredyrs,			Ign birth?	_yrsm	10sd
2. FULL NAME DERUKA	Lieu /	kac	If U. S. Veteran, speci	fy WAR		
(a) Residence: No. 24 to E	(Usual place of abode	career;	St., Ward.	lf nonresident give c	ity or town and	State
PERSONAL AND STATISTIC	ARS	MEDICAL CERT	IFICATE OF	DEATH		
SEX 4. COLOR OR BACE 5	the word)	21. DATE OF DEATH	Kil	13 4	., 193.7	
. If merried, widowed_or divorced			/ (Mo	ontn)	(Day)	(Year)
HUSBAND of Cor WIFE of Caseful (	rause			ERTIFY. I		deceased fro
DATE OF BIRTH (month, day, and year)			I last saw h_La_elive on After	12	, 19.3 7	; death is se
AGE Years Months	1 day	LESS than	to have occurred on the date stated ebox The PRINCIPAL CAUSE OF DEATH and		m. Importance	
8. Trade, profession, or particular	1 01	min.	were as follows:		1	Date of one
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc		Chronic Eces	weeth	les		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Jarlie De	users )		192	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	11. Total time (yea spent in this occupation	\$	activesclar	six.		
2. BIRTHPLACE (city or town) Youke	+ on		Other Coutributory Causes of Importance	e:		
(State or country) Territory	cely					
13. NAME Mukuano	/					
14. BIRTHPLACE (city or town)	Rusin		Name of operation		Date of	
(State or country) liceke	nom		What test confirmed diagnosis?		. Was there an	autopsy?Z
16. BIRTHPLACE (city or town) Mu	4		23. If death wes due to external causes (\	VIOLENCE) fill in a	iso the followin	ig:
16. BIRTHPLACE (city or town)	kuoun.		Accident, suicide, or homicide?	Date of	of Injury	, 19
(State or country) Mc.	becoun		Where did injury occur?	Specify city or town	county and St.	
7. INFORMANT lasfactal (Address) Lyke	wells my	eds d	Specify whether Injury occurred in IND	USTRY, In HDME,	or In PUBLIC Pt	LACE.
18. BURIAL, CREMATION, OR REMOVAL Place Can Saum Chu Date Corl 15,19			19 Nature of injury			
9. UNDERTAKER 9. Maller (Address) 9.3 34 Charles	180 St.	, 4	24. Was disease or injury in any way rel			
10. FILED Syn. 13, 19 3 1 C	Yany X	eeU Registrar.	(Signed) Kand M. (Address) Ly	Records	Ma	

V. S. No. 1

PHYSICIANS should state

Exact statement of OCCUPA-

item of infor-

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every

MARGIN RESERVED FOR BINDIN

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

OF DEATH in plain terms, so that it may be

N. B.—WRITE PLAINLY, WITH UNFADI mation should be carefully supplied. CAUSE OF DEATH in plain terms, so

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis FVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY 7 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.		·	1	
Other contributory causes of importance:		Other contributory causes of importance:	*1.5	
Gallstones	May 1,1923	Gastroenteritis	1 year	
		·		

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	950
County Darroll	Registration Dist. No.
Village or City h 1. Westminstr	No. St., Ward
Langth of residance in city or town where death occurred 15° yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)mosds
2. 'DD. & Y	
2. FULL NAME William Cora &	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	Mard.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO	WED 21 DATE OF DEATH A
OR DIVORCED (write tha	word) April 30 1937
marine	(Month) (Day) (Yaar)
5a. If marriad, widowad, or divorced HUSBAND of	22. / I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of maggie myere delle	30 1937 to A (ril 30 1937
6. DATE OF BIRTH (month, day, and year) July 13 - 186	6 Hast saw him alive on A pril 30, 1937 (daath is sai
7. AGE Years   Months   Days   if LES	S than to have occurred on the date steted ebove, at 10 P. m.
70 7 17 I day,	The FRICIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	min. Date of ones
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	ACIT CULLINA EXOLUTION
Industry or business in which	
work wes dona, as SILK MILL, SAW MILL, BANK, etc	type tour Carles hour Dies ?
10. Data deceased last worked at this occupation (month end spent in this	
this occupation (month end spent in this occupation	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town)	Other Coadsoutory Cases of Importance.
(Stata or country) Me	
13. NAME alexandria Little	
13. NAME alexandrea Little  14. BIRTHPLACE (city or town)	Nama of operation Date of
(Stata or country) Md.	What test confirmed diagnosis: Was there en eutopsy?
15. MAIDEN NAME Ely abith Coppers	23. If death was due to external causes (VIOLENCE) fill in also the following:
IC PIDTURI ACE (situ or town)	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (Stete or country)	Where did injury occur?
7,22 mai 7 1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) West Chair Tea (Address)	9
18. BURIAL, CREMATION, OR REMOVAL ( LOw)	Mannar of injury
Place My Eq dow granch Date May 3	
UR and as I al an	VG.
19. UNOERTAKER AND JAMANIA TO THE CANADA TO	24. Was disease or injury in any way related to occupation of deceased?
(MUUIOSS) (Mestingster, m	of so, specify All Mary Can On M
20. FILED V/N, 19 / X/Wooding	(Signed) M.
Reg	istrar. (Addrass)

B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state

AGE should be

mation should be carefully supplied.

stated EXACTLY.

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

ż

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Example I	1	Example II		
The principal cause of death and related eauses of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial pephritis	1921	Run over by street car	1 week ago	
Cerebrat hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:	u = = = =	
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF	MARYLA	AND-CE	RTIFICAT	TE O	F DEATH

A	1	9	0
*	U	J	0

			Registration Dist. No							
						Length of residence in city of town where t	Jeath occurred	yis	sds. How long in U.S. if of forelgn birth?yrsn	105,
						2. FULL NAME	un	100	gu-	
(a) Residence: No	(Usual place	of abode)	/ St., Ward.  If nonresident give city or town and	d State						
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH							
3. SEX 4. COLOR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	_, 193						
5a. If merried, widowed, or divorced			(Suy)	(1601)						
HUSBAND of (or) WIFE of	, 1		22. I HEREBY CERTIFY, That I attended							
6. DATE OF BIRTH (month, day, and year)			I last saw h alive on, 19	_; death is said						
7. AGE Years Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset						
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		, ,	Stillink	Date of onset						
SAW MILL, BANK, etc	spai	ime (years) nt in this upation  wlaud	Other Contributory Causes of Importance:							
E 13. NAME JY	Than	in		**						
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	allyon	1	Name of operation Dete of	-						
	604	4	What test confirmed diagnosis?	autopsy?_/_40						
15. MAIDEN NAME Certify A legicage  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. MAIDEN NAME  Certify A legicage  18. MAIDEN NAME  Certify A legicage  19. MAIDEN NAME  18. MAIDEN NAME  19. MAIDEN NAME  19. MAIDEN NAME  19. MAIDEN NAME  10. MAIDEN NAME  10. MAIDEN NAME  11. MAIDEN NAME  12. MAIDEN NAME  13. MAIDEN NAME  14. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  17. MAIDEN NAME  18. MAIDEN NAME  19. M			23. If death was due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State of Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLANTAGE.	, 19 ite)						
(Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Theme Buriage y gra	Date Of	2. 9., 19. 32	Manner of injury							
19. UNDERTAKER (Address)	00 m	~	24. Was disease or injury in any way related to occupation of deceased?	No						
20. FILED afril 9, 19 37	ap M.	TOWA Registrar.	(Signed) the (Address) flew we want to	M. D.						

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I  The principal cause of death and related causes of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	The same to be the same	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	The world war	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	911Y 5 1901	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V	S.			
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

	STATE	OF MARY	YLAND-	CERTIFICATE (	OF DEA	ATH	4037
1. PLACE OF	DEATH	arroll		(107.0)		4	7000
County					Registration	Dist. No.	<i>a</i>
Village or Ci	ty Westi	ninster	/16	No. 12 Bond death occurred in a hospital or instituti		St.,	Ward
Length of resid	lence In city or town when	re death occurred9	1 yrs 11 mos	.28 ds. How long in U.S. if of	foreign birth?	ÀL2•	_mosds.
2. FULL NAM	ME Kate		Cellum	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(a) Residence	e: No. 12	2 Bond St (Usual place of		St.,Ward.	If nonresident	give city or town	and State
PERSON	AL AND STATIS	TICAL PARTIC	CULARS	MEDICAL CE	ERTIFICATE	OF DEATH	1
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	ril (Month)	29 (Day)	, 193 <mark>7</mark> (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY	CERTIF	Y. Thet i attend		
6. DATE OF BIRTH (	month, day, and year)	July ls	t 1845	I last saw h & allve on G	pro !	ho .	7. death is seld
7. AGE Year	s Months	Days	If LESS than I dey,hrs.	to have occurred on the date stated			
	1   11	28	ormin.	were as follows:	n and related caus	es of importance	Date of onset
8. Irede, projest	sion, or particuler ork done, as SPINNER, BOOKKEEPER, etc	At Home		Bran	- Par	a.	
9. Industry or b	done, es SILK MILL, L, BANK, etc						
- [ till 0000p		11. Totel til spen octu	me (years) t in this pation				
12. BIRTHPLACE (city (State or count	or town)	stminste Maryland	r	Other Contributory Causes of impor	rtance:	° 6	
13. NAME	John	M. McCol	lum				
13. NAME 14. BIRTHPLACE (State or other contents)	(city or town)Ma.)	ryland		Name of operation	Ryosi,	Date of Was there	an autopsy? . H.D.
15. MAIDEN NAM	ME Eliza	abeth Her	ring	23. If deeth was due to external caus	1		
15. MAIDEN NAM	(city or town)	ryland		Accident, suicide, or homicide? Where did injury occur?			
17. INFDRMANT(Address)	Mrs. Scot Westmir	tt Roop	•	Specify whether injury occurred in	(Specify city or INDUSTRY, in HD	town, county and OME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATI Place Lou	on, or removal don Park	Baltimor Date May	e, Md.	Menner of Injury			
19. UNDERTAKER(Address)	J. Fran	cis Rees	e Md.	24. Wes diseese or injury in any wa			
20, FILED.	30,374	Muso	Registrar.	(Signed)	20 lile	per	her tick

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis 1931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	Example 1		Example 11		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial ne	phritis	1921	Run over by street ear	1 week ago	
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2	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

RESERVED plain terms, important. DEATH

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

(Address)

2D. FILED april 5-

19. UNDERTAKER

MOTHER

(State or country)

MARGIN

mation should

Date of enset Name of operation. 23. If death was due to external causes (VIOLENCE) filt in also the following: Accident, suicide, or homicide?\_\_\_\_ Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. Manner of Injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify .... (Signed)\_\_\_\_

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 3 1001	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

MARGIN RESERVED FOR BINDIN

V. S. No.

N. B.

(Addrass)

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	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	040			
1	L PLACE OF DEAT	H	магута	nd Tuber	culosis Sanatorium	- 7 1 1			
	CountyCa	rroll		Colored	Branch 20 Registration Dist. No. 74				
	Village or City <u>Hen</u>			.db.	No. (above) St., death occurred in a hospital or institution, give its NAME instead of street and u	Ward			
	Length of residence in city	y or town whera d	eath occurred_Q	yrsmos.	18 ds. How long in U.S. if of foreign birth?yrsmo	sds.			
2	2. FULL NAME Ma	ry Eliz	abeth N	orris	If U. S. Veteran, specify WAR None				
	(a) Residence: No. 🗎	6 E. Su	.squehan (Usual place	na Ave., of abode)	Towson, walto. Co., Md.  If nonresident give city or town and	State			
	PERSONAL ANI	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH				
3.		or race		RIED, WIDOWED, ) (write the word)	21. DATE OF DEATH  April 29  (Month)  (Day)	, 193_7			
5a.	if marriad, widowed, or divor								
	HUSBANO of (or) WIFE of		_		22.   HEREBY CERTIFY, That I attended decaased tro				
		35	(7.3	2000	January 11, 1937, to April 29, 1937    I last saw h er allva on April 29, 1937; death is said				
_	DATE OF BIRTH (month, day, AGE Yaars	and year) Ma Months	r. 31,	1922 If LESS then	to have occurred on the data stated above, at 4:40 An. M.	.; geath is said			
•••		o o		1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance				
-	15 8. Trada, protession, or pa	rticular	29	† ormin.	were as follows: Pulmonary Tuberculosis	Date of onset			
0	kind of work done, a SAWYER, BOOKKEER	IS SPINNER.	Scholar		· ·	June			
A	9. Industry or business In work was done, as S	which	77			1936			
כפ	SAW MILL, BANK, e	tc	Unknown						
00	10. Date daceased lest world this occupation (mgm year)	ked at thrand OWN	II. Total ti spar	me (yaars) 11 in this 1 pation Inknown					
12.	. BIRTHPLACE (city or town)_ (State or country)	Towson Maryla			Other Contributory Causes of Importence:				
ER	13. NAME	Kermit	Norris						
FATH	14. BIRTHPLACE (city or too (State or country)	unkno Maryl	wn and		Name of operation Data of Was there en e	outopsy? No			
ER	15. MAIDEN NAME	Queen	Ester :	Fields	23. If death was due to external causes (VIOLENCE) fill in also the following				
MOM	16. BIRTHPLACE (city or too (Stata or country)	unkno Virgi	vm nie		Accidant, sulcide, or homicide?				
17.	. INFORMANT	R. Ho	ffman.	M.D.	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.			
18	(Address) BURIAL, CREMATION, OR R		ton, Ma		Manner of injury				
	CA4 1 1		The second second		- Wallie of Milly				

Nature of Injury No 24. Was disease or injury in any way related to occupation of deceased? if so, specity

Deputy Loca. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 1 W. 2. 1				
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

V. S. No. 1

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1. PLACE OF	STATE C		and Tuber	culosis Sanatorium		
County	Carro	11	Colore	d Branch Registration Dist. No. 74		
	Henryton,		(1)	No. (above) St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)  4. ds. How long In U.S. if of foreign birth? yrs. mos. ds.		
	E Samuel Wa			If U. S. Veteran, specify WAR None		
		(Usual place	of abode)	• 9 StAd • Ward.  If nonresident give city or town and State		
	L AND STATIST			MEDICAL CERTIFICATE OF DEATH		
male	Color or RACE	5. SINGLE, MAI OR DIVORCE Marr	RRIED, WIDOWED, ED (write the word) 100	April 19, 193. 7 (Month) (Dey) (Yeer)		
5a. It married, widowed, HUSBAND of	, or divorced			22. I HEREBY CERTIFY. Thet I ettended decessed from		
(or) WIFE ot	Ethel Parke	r		April 15. 19 37 to April 19. 1987		
& DATE OF DIRTH (me	onth, dey, end yeer) Ju	11v 7.	1909	Hast saw h 1m alive on April 19, 1957; deeth is said		
7. AGE Yeers	Months	Days	It LESS than	to heve occurred on the dete steted above, et 3:05 A.M.		
27	9	12	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence		
L. 8 Trede profession	on, or perticuler	1 22	1 012222211111.	Pulmonary tuberculosis Date of onset		
kind ot wor SAWYER, B	k done, as SPINNER, TOOKKEEPER, etc.	aborer		Oct.		
9 Industry or bus	siness in which one, es SILK MILL.			1936		
Date descend	fact marked at	Inknown	4: ()			
this occupat	tion (month 7174) Lan Oth	m spe	ent In this Unkno	yn		
	364.83		apetion	Other Contributory Causes of Importance:		
12. BIRTHPLACE (city of State or country)						
1		t Parke	270	-		
-			<u> </u>			
14. BIRTHPLACE (c	city or town Midlar puntry) Virgin	น่อ		Name of operation Dete ot		
	3.5			What test confirmed diagnosis?		
				23. If death was due to externel causes (VIDLENCE) fill in elso the following:  Accident, suicide, or homicide?		
Stata or co	ountry) Virgin	าร์ด		Whera did injury occur?		
17. INFORMANT	Reuber		an, M.D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATIO			1	Manner of injury		
PlaceMed	land. Us	L Date	w. 21,1937	Neture of injury.		
19. UNDERTAKER (Address)	10 R.a. E	carr	& Dauge	24. Wes disease or injury In any way related to occupation of deceased?NO		
	137, 19 albert	tolse	ankhau	(Signed) Kluben Aoffman M. D. (Address) Henryton, Maryland		
			A. also	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.		

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY			
1. 1. 1. 1.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PL	ACE OF DEA	STATE O	F MAR Maryla	YLAND— and Tuber	CERTIFICATE OF DEATH dulosis Sanatorium	4042	
		rroll		Colore	d Branch Registration Dist. No. 74		
		Henryton		(H	No. (above)  St.,  death occurred in a hospital or institution, give its NAME instead of street and	Ward	
Lei	ngth of residance in	city or town whera d	aath occurrad	)yrs5mos	16ds. How long in U.S. If of foreign birth?m	osds.	
					If U. S. Veteran, specify WAR None		
(a)	) Residence: No.	1132 Woo	dyear	St., Balt	O, SMd. Ward.  If nonresident give city or town and	Sinte	
-		ND STATISTI			MEDICAL CERTIFICATE OF DEATH	Diate	
3. SEX					21. DATE OF DEATH  April 15	, 193_7(Yaar)	
5a. if mare	riad, widowad, or div	vorcad			(337)		
(or)	6. DATE OF BIRTH (month, day, and year) March 7, 1918				22. I HEREBY CERTIFY. That I attended deceased from Dec. 30, 1937, to April 15, 1939 I last saw her alive on April 15, 1937 death is say		
6. DATE C							
7. AGE	Yaars	Months	Days	if LESS than	to have occurred on the date stated above, at 10:30 A.M.		
	19	1	8	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and raiated causes of importanca wera as follows:	Date of onset	
Z 8-0	rade, profession, or kind of work done SAWYER, BOOKKI	perticular e, as SPINNER,	Domest	ria	Pulmonary Tuberculosis	-	
	dustry or businass	in which	Domes	NTC.		Sept. 1936	
Sup	work was done, as SAW MILL, BANK	SILK MILL.	Unknow	m		1300	
0 10.0	ete deceesad last w this occupation (m	orked at tonknow	11. Total	tima (years) ent in thisUnkno upation	m	-	
100	year)		1 060	upation OTTICITO	Other Contributory Causes of importance:		
	PLACE (city or town	Balti Maryl					
ш 13. N/	una di la caracteria di		Perkin	ıs		-	
Ξ	RTHPLACE (city or	Trans	Queen		Nama of operation Date of		
	(State or country)	W. W. A			What test confirmed diagnosis?	autopsy?_No	
15. M/	AIDEN NAME		e Amby		23. If death was dua to external causes (VIOL ENCE) fill in also the following	g:	
Q 16. BI	RTHPLACE (city or	town) Annap			Accident, suicide, or homicide? Date of injury		
(State of country) Mary Land				3. D	Whare did injury occur? (Specify city or town, county and Sta	te)	
17. INFORMANT Reuben Hoffman, M.D. (Address) Henryton, Maryland					Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.	
	L, CREMATION, OR		, ,	2	Manner of injury		
Pia	ica. The U	uhurn	Date	19,1937	Nature of injury		
19. UNDER		mas &	Kels	on Sta	24. Wes disease or injury in any wey releted to occupation of decaased?	No	
20. FILED.	4/15/37	, 19 Albert	t R Su	ankhau Registrar	(Signed) Luben Adjuan (Addrass) Henryton Maryland	M. D	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
W.KEAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		0.		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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MARGIN RESERVED

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Cerebral hemorrhage 1937	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

SIAIE	OF MARYLAND—	CERTIFICATE OF DEATH	O X X
1. PLACE OF DEATH		82·0) ~/	/
County 6 cerro	et m	Registration Dist. No.	
Village or City Mes	tminister	No. St.,  Geath occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length of residence in city or town where	1.6	ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Glives	to 7) Poller	leagues. S. Veteran, specify WAR	
1760-	malata	workles word	
(a) Residence: No. 11000	(Usualplace of abode)	If nonresident give city or town and Ste	ate
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jemale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rapide the word)	21. DATE OF DEATH Still 23 (Month) (Day)	93 (Year)
Se. If merried, widowed, or divorced HUSBAND of (or) WIFE of David 7	Henterger	22.   HEREBY CERTIFY, That I ettended dec	ceesed from
5. DATE OF BIRTH (month, day, and year)	The 21/852	1 last saw he alive on 4 /4 / 23	death is sale
7. AGE Years Months	Days If LESS than	to have occurred on the date steted above, et L.P.1m.	
24 (1	26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housekeepe	Derevul Housesthage	Date of onset
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc	Dein,	-	
10. Date deceased last worked at this occupetion (month end yeer)	11. Total time (yeers) spent in this occupation	Other Contributory Causes of Importance:	
2. BIRTHPLACE (city or town) Bec (State or country)	nd.	Ulligi Contractory Cases of Importance.	
13. NAME DOMESTA	ian alexander		
14. BIRTHPLACE (city or town)	1	Name of operation Date of	
(State of country)	la,	What test confirmed diagnosis? Wes there an aut	opsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	c ( elmer)	23. If death was due to external ceuses (VIOLENCE) fili in also the following:	
16. BIRTHPLACE (city or town)	1	Accident, suicide, or homicide? Date of injury	, 19
E (State or country)	4,	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT hus. Solo (Address) Mye	essile mo.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	Ε.
18. BURIAL, CREMATION, OR REMOVAL	My graville Me Date 4/26/3719	Manner of injury	
19. UNDERTAKER Sittle	prosile ma	24. Was disease or injury in any way releted to occupation of deceased?	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
20. FILED 4/27 1957 N	Myenotum	(Signed) Diffu & Slewicet	7M.

A PERMANENT RECORD. Every them of inforstated EXACTLY. PHYSICIANS should state

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B.—WRITE PLA

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V. S. No. 1

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BUREAU V. S.			
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

- Carlotte	
*	

	infor-	state	UPA-		
7	item of	pluods	of occ		
リ	Every	CIANS	ement		
•	JRD.	IXI	stat		
	REC	7. PI	Exact		
NDIN	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
MARGIN RESERVED FOR BINDIN	IS A PEI	stated E	properly	s very important. See instructions on back of certificate.	
ED	HIS	pe	be	of c	
SERV	NK-T	should	it may	on back	
RE	NG	AGE	that	ions	
ARGIN	NFADI	pplied.	erms, so	instructi	
M	UHU	y sul	ain t	See	
	WI	lln ja.	in pl	ant.	
	INLY,	be car	EATH	import	
	PLA	pluon	OFD	very	
400	Twil-	- 153		200	

1. PLACE OF DEATH Carroll County\_\_\_\_ Registration Dist. No. 74 Henryton, Village or City\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and oumber) 2. FULL NAME Louberta Reed N. Castle St. Balto. sl.Id. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) female Colored Jarried (Month) 5a. If married, widowed, or divorcad HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of Peter Reed 6. DATE OF BIRTH (month, day, and year) June 7. AGE Years Months If LESS than Days 1 day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. 8 Trada, profession, or particular kind of work done, as SPINNER, Dornestic SAWYER, BOOKKEEPER, etc. OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... Sept 1936 10. Date decaased last worked at 11. Total tima (years) this occupation (month and spent in this occupation Unknown year) Unknown 12. BIRTHPLACE (city or town). (State or country) FATHER Albert Shelton 13. NAME 14. BIRTHPLACE (city or town) Name of operation\_\_\_\_ (State or country) MOTHER Fanny Shelton 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town Accident, suicide, or homicide? \_\_. (State or country) Where did injury occur? \_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT ... (Address) and 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE TION is Nature of injury 24. Was disease or injury in any way related to occupation of deceased?\_\_\_\_\_\_\_ 19. UNDERTAKER If so, specify \_\_\_\_\_ Local (Address) Henry Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

V. S. No. 1

-WRIT mation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	1	of importance were as follows:		
Chronic interstitial nephritis 1037	1915	Attack of epilepsy  Run over by street car	1 week ago	
Cerebral hemorrhage	July 5 1927	Peritonitis	1 week ago 3 days ago	
BUREAU V.			auge age	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AVW. HA

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Example I		Example II	
The principal cause of death and rel of importance were as follows:	ated causes Date of ons	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis E	IVED 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,19	Peritonitis	3 days ago
RUREA	U V. 8.		
Other contributory causes of import	and the same of th	Other contributory causes of importance:	
Gallstones	May 1,19	23 Gastroenteritis	1 year

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	I MAKILAND	CERTIFICATE O	DEATH	
County servel	~	(13))	Registration Dist. No.	1
Village or City Me Danu  Langth of residence in city or town where de		NoNo	St., give its NAME instead of street and	Ward
2. FULL NAME Mrg. Em.  (a) Residence: No.	na J. Finch		ecify WAR	
	(Usual place of abode)		If nonresident give city or town as	ad State
PERSONAL AND STATISTIC			TIFICATE OF DEATH	
3. SEX 7 4. COLOR OR PACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	bul 13 Month) (Day)	, 193(Yaar)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Carl Ru	obort	22. ANI HEREBY C	CERTIFY, That I attende	d deceased from
6. DATE OF BIRTH (month, day, and year) and	N141873	I last saw hall alive on	Ofen 1 6 (8)1.13	death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the data stated et The PRINCIPAL CAUSE OF DEATH e		
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Couplinate.	were as follows:	Heen	Date of onset
9. industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc		4 Jailin		
10. Date dacaasad last worked at this occupation (month and year)	11. Total time (yaars) spent in this cocupation		***************************************	
12. BIRTHPLACE (city or town)	md	Other Contributory Courses of Important	nce:	37/2
13. NAME VA J. OW	ore a	Brewel de	ere.	107
14. BIRTHPLACE (city or town)	- mo	Neme of operation	Date of	n autopsy? Ze
15. MAIDEN NAME WELEA	Heagle	23. If death was due to external causes	(VIOLENCE) filt in also the follow	Ing:
16. BIRTHPLACE (city or town)  (State or country)	mil	Accident, sulcide, or homicide?		
17. INFORMANT AND OFFINE (Address) 2001 AND AND	hart	Specify whether injury occurred in IN	(Specify city or town, county and S IDUSTRY, in HOME, or in PUBLIC I	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Noar Ohvil 16192	Menner of injury		
19. UNDERTAKER	ast Son	Nature of Injury 24. Wes disease or injury in any way i		no
(Address) Danes	1 Wiff	If so, specify More	ios A Wan	wis.
20. FILED AMALE 16, 1997 MAG	Delette Registrar.	(Address) 12 Oc	mytrus:	well.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1 N. B.—WRITE PLANLY,

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDIN

EXACTLY.

stated

AGE should be

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

PHYSICIANS should state

of OCCUPA-

Exact statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
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Chronic interstitial nephritis 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage  BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

If more blank are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

106	1V	ale a love a
	Registration Dist. No.	71-71
No.	12	Ward
	on, give its NAME instead of street a	nd number)
ds. How long in U.S. if of	foreign birth?yrs	_mosds.
N If II S Votoran e	specify WAR	
1	pecity water	
/_St.,Ward.	If nonresident give city or town	and State
MEDICAL CE	RTIFICATE OF DEATH	
21. DATE OF DEATH	211 11 11	
L. DATE OF BEATTI	Mr. 16 10	193
	(Month) (Day)	(Year)
22. VHEREBY	CEAMEY, Thet I stend	led deceased from
7/1/25	4///	10 7 7
I last saw ballive on	# -/6	77
	5201	death is said
to have occurred on the date stated The PRINCIPAL CAUSE OF DEATH	0 1	
were as follows:	and related causes of importance	Date of onset
01	65	
arome	1 of while	- 1494
monchie	rtasis,	7/1/36
~ Zalund /	neumoma	15/1/1/20
		1/1/1/
Other Contributory Causes of Impor	†anna *	
Other Countries of thip of	Larry G.	
***************************************		
Name of operation	O ' ' a Pota	
What test confirmed diagnosis	Date o	V .
		an autopsy?/50
	es (VIOLENCE) fill in also the follow	7. 7.
Accident, suicide, or homicide?	Date of injury	, 19
Where did injury occur?	(Specify city or town, county and	State
Specify whether injury occurred in	INDUSTRY, In HOME, or in PUBLIC	PLACE.
Menner of injury		
Nature of injury	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	- An
24. Was disease or injury in any wa		110
If so, specify	/ /	0
2/4	/10 de	
(Signed) (Address)	The state of the s	Lans
(NUU(ESS)	Jana Manana	AT SO TINLAN

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial naphritis MAY	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUREM			
Other contributory causes of importance	:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE							DEATH
	3.6	9 9	PPR 1	-	~		

4050

1	L PLACE OF DEA		Marylar	d Tuberc Colored	ulosis Sanato	rium			
	County Ca:	rroll		cororea	Branch 23	Registration Dist. No. 7	4		
	Village or City_ II	enryton,	Md.		NoNo	12	Ward		
	Length of residence In ci	ity or town where de	eath occurred	) yrs 1 mos	death occurred in a hospital or inst	titution, give its NAME instead of street and if of foralgn birth?yrs	d number)		
2	. FULL NAME E	dna Eliz	abeth E	Berline R	ogers If U. S. Vetera	in, specify WAR NONE			
					alstsburyWardMd.	,	nd State		
	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL	CERTIFICATE OF DEATH			
		R OR RACE LORED	S. SINGLE, MARI OR DIVORCED	(write the word)	21. DATE OF DEATH	APRIL 23, 1937	, 193		
5a.	If marriad, widowed, or divo	orced		71111		(month) (Day)	(Year)		
	(or) WIFE of	WARDIE	ROGERS		MARCH 1	3Y CERTIFY. That I attended to 19.37, to APRIL 23			
6.	DATE OF BIRTH (month, day	y, and year) DH	C. 11.	1903	I last sew h ER alive on.		7; death is said		
7.	AGE Yaars	Months	Days	If LESS than	to have occurred on the date st	ated above, at 10:30m, A.M.			
	8. Trede, profession, or po	erticular	12	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DE were as follows:	ATH and related causes of Importanca	Date of onset		
0	kind of work done, SAWYER, BOOKKEE	as SPINNER, PER, etc.	HOUSEWI	FE	Acute card	iac failure			
PAT	9. Industry or business in work was dona, as S	which					May		
0000	SAW MILL, BANK,	atc	MICHONN		7/		1936		
0	10. Date daceasad last wor this occupation (mo	rked at nth and	11. Total tii	ma (years) it in this patible NKNOWN			***************************************		
12.	BIRTHPLACE (city or town) (State or country)			NE	Other Contributory Conses of In Shock associatial pneumothe	ated with artific	2		
2	13. NAME T.E.	ONARD TE	IOMAS		Pulmonary to				
H	14. BIRTHPLACE (city or to					Date of			
F	(State or country)		AND			Was there as			
ER	15. MAIOEN NAME	MARY	BARCLAY			causes (VIOLENCE) fill In also the followi			
MOTI	16. BIRTHPLACE (city or to (State or country)	wn) EDEN MARYI	IAND		Accident, suicida, or homicide?, 19, 19, 19, 19, 19				
	(Address) HEN	HOFFMAN, RYTON. M	m.	***************************************	Where did Injury occur?(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE				
18.	BURIAL, CREMATION, OR R	annie	Poate Offer	128,19.37	Menner of Injury	Pr			
19.	UNDERTAKER (Addrass)	aline	Iterva	la .	24. Was disease or injury in any If so, specify	way related to occupation of decaased?	No		
20.	FILED 4/25/37	19 allees	to Su	rankhawa Registrar.	(Signad) Que	RYTON, My.	M. D.		
	ALCOHOLO STACK	If more by	lanks are reeded, a	ddress State Registrar,	2411 N. Charles Street, Baltimore,	Requesting V. S. No. 1.			

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago.
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

	1. PLACE O			OF MAR	YLAND—	CERTIFICATE	OF DEA	A A	XUUL
	County Carroll					X.,	Registration I	Dist. No.	74
1	Village or	city_Su	Kervill	,	1 (1	No. Source de la destre de la d	itution, give its NAME	wital St.,	nd number)
1	Length of res	sidence in ci	ity or lown where	death occurred	yrsmos	s\Ods. How long in U.S. i	f of foreign birth?	yrs	_mosds.
1	2. FULL NA	ME.	May S	thunds	reis	If U. S. Veteral	n, specify WAR		
	(a) Reside	nce: No.	D'rzas	(Usual place	lis Blues of abode)	St.,Ward.		give city or town a	
_	PERSO	VAL AN	ID STATIST	ICAL PARTI	CULARS	MEDICAL	CERTIFICATE	OF DEATH	l
	sex		R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	Cipril (Ma)(th)	2.9 (Dey)	, 193 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
5	a. If married, wido HUSBAND of	wed, or divo	orced		1	22 LUEDED	YCERTIF	V That I attend	lad deseased from
	(or) WIFE of					December 19		inat rations	3 19 3 7
o. 6	DATE OF BIRTH	(month de	v and year) G	tober =	-1913	I last saw h_l alive on_	~ 20 -	4	3.; death is said
-		ars	Months	Days	if LESS than	to heve occurred on the date st	ated above, at 1000	and the same of th	
		23	6	26	1 day,hrs.	The PRINCIPAL CAUSE OF DE were as follows:	ATH and related cause	es of importance	Date of onset
	8. Trade, prof	ession, or p	articular as SPINNER,				**************		Date Glouset
TION	SAWYE	R, BODKKEI	EPER, etc	Non	•	D-A	<del></del>		
ack	CAW MA	as done, as	n wnich SILK MILL, etc			Tulmonary	1 whereu	sieck	1931
instructions on back	10. Date decea	sed last wo	rked at	spe	ime (years) ntin this upation				
noi:	2. BIRTHPLACE (d	ity or town	Balta	mme		Other Contributory Causes of in	nportance:		
-uc	(State or co		Mary	land.	-				
nst us	13. NAME C	Jema	e Sch	ulthei	<b>S</b>				
See il	14. BIRTHPLAC	E (city or t	own) Mers	Lak .		Name of operation		Date of	f
-	i (State )	or country)	17.1	1-1		What test confirmed diagnosis?.	Know + halo	100 towas there	en eutopsy?_\n_o
ant.	15. MAIDEN N	AME 1	Many	Beal		23. If death was due to externel	causes (VIDLENCE) fil	Il in also the follow	ving:
MOT	16. BIRTHPLAC		own) Bal	themas	٠	Accident, suicide, or homicide?.		Date of injury	, 19
important.	(State of	r country)	Mar	yland	-	Where did injury occur?	(Specify city or	town, county and	State)
ery	7. INFORMANT	gash	esille	ecods.		Specify whether injury occurred	I In INDUSTRY, in HO	ME, or in PUBLIC	PLACE.
	8. BURIAL, CREMA	ation of	. //	My Date May	4 3 ,19 34	Manner of Injury			
NOM	9. UNDERTAKER -	ami	hose;	June.	AJ	24. Was diseese or injury in any	way related 10 occup	etion of deceased?	
7  -	(Address)	1017	W. 1	eross	St.	If so, specify		************	
2	O. FILED MAY	1./	19.82	CHar	Y Telegran.	(Signed) 111 2019	consider	en	M. D
	/				I Kegistrar.	" (vaniege) "" == "	CONTRACTOR SERVICES	about in the formation	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDIN

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
131117	لشب		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE V. S. No. 1

TION

(Address)

18. BURIAL CREMATION OR REMOVAL

RESERVED

MARGIN

Registrar.

\_\_\_Data

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Nature of Injury

If so, specify \_\_\_

24. Was disease or injury in any way related to occupation of daceasad?

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li li	Example II	:
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	A	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONA	L SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
--	-----------	---------	-----	---------	------------	----	-----------

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4053	
1. PLACE OF DEATH	<b>3</b>	
County Carroll	Registration Dist. No. 74	
Village or Cit Dounghuld Hatel	Mo Sykespulle St. Wa	rd
	death occurred in a hospitalor institution, give its NAME instead of street and number)	Iu
Length of residence in city or town where death occurredyrsyrs	ds. How long in U.S. if of foreign birth?	ds.
2. FULL NAME EULEN Propley	If U. S. Veteran, specify WAR	
(a) Residence: No. (Jultumae Md. (Usual place of abode)	Ward.  Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH OF	
J. M Wide aurice the word	(Month) (Day) (Year)	
5s. If merried, widowed, or divorced	(Month) (Day) (Year)	
HUSBAND of CONTROL WITH CONTROL	22. I HEREBY CERTIFY. Thet I attended deceased fr	om
16. 20 1859	1100 at 100 to cyst a 193	+
6. DATE OF BIRTH (month, dey, and year) 2 4 5 2  7. AGE Years   Months   Days   If LESS than	I last saw h alive on 24 15 13, 190 , death is si	ald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et	
0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	were as follows:	et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	rungrine tib	
4 . 9. Industry or business in which	7.2.4.	
work wes done, es SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and yeer) spent in this occupation occupation		
USaltina ma	Other Contributory Causes of importence:	100
12. BIRTHPLACE (city or town) (State or country)	a maveles	X
	Cultivicarosis 700	
E /3 . 0 +	and any and	
14. BIRTHPLACE (city or town)	Name of operation Zurie Date of Date of	
	What test confirmed diagnosis? Wes there an autopsy?	2
E 3 /5/	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?	
Nobition Record	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
(Address) Change and State Book to	Specify whether injury occurred in INDUSTRY, in HOME, OF IN PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury	
Where alivet Orac. Date afur. 5, 19 57	Neture of Injury	
19. UNDERTAKER XXX. B. Cook	24. Was disease or injury in any way releted to occupetion of deceased?	-
(Address) Baltimore mik,	If so, specify	
20 FILED april 2 1937 Offary Well	(Signed) M. Vinainia Beyer M.	. D.
Registrar.	(Address) Sylesville , Mg -	
20 11 1 11 11 0 2 1		_

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		-	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1200	

V. S. No. 1

no

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		1 2 2 2 3 3 3	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAN

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V. S. No. 1

should state of OCCUPA.

1. PLACE OF			F MAR	YLAND-	CERTIFICATE OF DEATH	105:
County Ca					Registration Dist. No. 70	
,					No. St., f death occurred in a hospital or institution, give its NAME instead of street and nu	Wa
					f death occurred in a hospital or institution, give its NAME instead of street and nu sds. How long in U.S. If of foreign birth?yrsmos	
2. FULL NA	ME B.H	amilto	n Slie	Σ	If U. S. Veteran, specify WAR	
(a) Resident	ce: No	~~~~~~	(Usual place	of shade)	St., Ward.  If nonresident give city or town and S	tata
PERSON	AL AND	STATISTIC			MEDICAL CERTIFICATE OF DEATH	tate
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married.					21. DATE OF DEATH ON - 6 Th	193 7
5a. If marriad, widow HUSBAND of		rine S	liek		22. I HEREBY CERTIFY, Thet I ettended de	eceesed f
7225				1054	Mar 14th 19,37. 10 9/hr 6 the	19.3
6. DATE OF BIRTH (		Months	Devs	1654	to heve occurred on the dete steted above, et. 3.4.m.	deeth is
	2	7	7	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance	
8. Trede, profes kind of w	sion, or partic ork done, es S BOOKKEEPER	SPINNER,		1 31-222-11111		Mar.
9 Industry or I work wes			ired pa	linter		173
13 10 Data daggage	d last warked		11 Total	time (years) ent in this upation		
12. BIRTHPLACE (cit	y or town)				Other Contributory Causes of Importance:	
13. NAME P	ilip	Slick				
14. BIRTHPLACE (State or		Mc	i		Neme of operation Dete of Whet test confirmed diagnosis? Wes there en eu	
15. MAIDEN NAI	ME Reb	ecca Cı	ouse		23. If deeth was due to externel ceuses (VIOL ENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) Md (State or country)					Accident, suicide, or homicide? Dete of injury Whare did injury occur?	, 19
17. INFORMANT Arthur Slick (Address) Taneytown . Md.					(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	Œ.
18. BURIAL, CREMAT RETOR				.8 ,19.37	Manner of injury	
19. UNDERTAKER _C	.O.FU	SS & S(	ON Md.		24. Wes diseese or injury in eny wey releted to occupation of decaesed?	w
20. FILED Spri	111-	Ma	ref /3	Welt	(Signed) 6. M. Benner	

If more blanks are needed, address State Registrar, 2411 N. Che

If nonre	esident give city or town and State
MEDICAL CERTIFIC	ATE OF DEATH
DATE OF DEATH AND	
I HEREBY CERT  1937. t t saw h AM elive on My  vev occurred on the dete steted ebove, et.  PRINCIPAL CAUSE OF DEATH end relete as follows:	3, 19.3.7; deeth is seid ded causes of importance
r Contributory Causes of Importance:	
e of operetion	
deeth was due to externel ceuses (VIOLEN dent, suicide, or homicide?	NCE) fill in elso the following:  Dete of injury, 19
ner of injury	
(Signed) (Address) (Address) (Charles Street, Baltimore, Requesting U.	entermination of decaesed? NO  M. D.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	4
Gallstones	May 1,1923	Gastroenteritis	1 year

state

STATE OF MARYLAN	D-CERTIFICATE	OF DEATH 405
F DEATH		Registration Dist. No. 74
CitySykesville	NoNo	St.,
MEAndrew Smith  ice: No. 1139 E. Lombard St.  (Usualplace of abode) B	If U.S. Vetera St. Ward. Altimore, Md.	If nonresident give city or town and State
AL AND STATISTICAL PARTICULARS	MEDICAL	CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO	WED, 21. DATE OF DEATH	_

1. PLACE O County\_\_C Village or I **Vard** Length of res \_\_ ds. 2. FULL NA (a) Resider PERSON 3. SEX Male White Single (Day) (Month) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY, That I attended deceased from (or) WIFE of Dec. 22, 19369 to April 1874. 20. I last saw h\_1M\_\_alive on\_\_ADT\_\_ 6. DATE OF BIRTH (month, dey, end year) AUG. to heve occurred on the dete stated above, at 9:30 m. 7. AGE Yeers Months Deys If LESS than I day, ....hrs. 62 7 28 The PRINCIPAL CAUSE OF DEATH end related causes of importance or .... min. 8. Trede, profession, or perticular OCCUPATION kind of work done, as SPINNER, Lahorer SAWYER, BOOKKEEPER, etc.... Lahorer 9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...... 11. Total time (years)
spent in this
occupation 10. Date deceesed last worked at this occupation (month and 12. BIRTHPLACE (city or town) New York (State or country) FATHER 13. NAME Frank Smith 14. BIRTHPLACE (city or town) New York (State or country) Whet test confirmed diagnosis MOTHER 15. MAIDEN NAME Mary Wenn 23. If death wes due to externel causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) New York Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 (State or country) Where did Injury occur?\_\_\_\_ (Specify city or town, county and State) records Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Nospital 17. INFORMANT ... (Address) 18 BURIAL, CREMATION OR REMOVAL Menner of injury Nature of Injury. 24. Wes disease or injury in eny way releted to occupetion of (Address) if so, specify (Signed). Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimpre, Requesting V.

S. No. 1

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TION is CAUSE mation

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Land Control of the C				
Other contributory causes of importance:	1 2 2 2 2 1	Other contributory causes of importance:	1	
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4057
County learsoll	Registration Dist. No.
Village or City Taneytain Ind (16	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign blrth? yrs. mos. ds.  If U.S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH The District 1937 (Month) (Day) (Wear)
5. If marriad, widowed, and divorced HUSBAND of (or) WIFE of MAL Enror Os Surolu  6. DATE OF BIRTH (month, day, and year) May 20 /8 66  7. AGE Years Months Days If LESS than 1 day,hrs. ormin.  8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent) in this prograph in this program in the program in this program in this program in this program in the progra	I HEREBY CERTIFY. That I attended decaased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
12. BIRTHPLACE (city or town) - Manyland (State or country)  13. NAME Somuel Snider  14. BIRTHPLACE (city or town) (State or country)	Other Contributary Causes of Importance:  1932  Name of operation  What tast confirmed diagnosis?  Was there an autopsy?
15. MAIOEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address)  18. BURIAL CREMATION, OR REMOVAL Place Library Language of the country of the c	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
19. UNDERTAKER LO DE USAN Son (Address) Januatouth Ind 20. FILED April 27, 1937 The Mehring Registry.	24. Wes disease or Injury in any way related to occupation of decaasad to  (Signed)  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (Addrass)

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	ATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	058
County Carro	ce		100	Registration Dist. No. 24	1
Village or City	/	ville	MIQ	· No. St	Ward
Length of residence In city	or town where o	leeth occurred 3	Oyrs of mos	f death occurred in a horpital or institution, give its NAME instead of street and a	umber)
2. FULL NAME Ed	gar	P. Sti	ites	If U. S. Veteran, specify WAR	
(a) Residence: No.	Jan-	(Usual place	of abode) 150		State
PERSONAL AND	STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Wh	7		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  (Month) (Dev)	, 193 7
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of				22.   HEREBY CERTIFY, Thet I ettended	deceased from
		7		Jan 29 , 1907, to april 24	, 19.22
6. DATE OF BIRTH (month, dey, a 7. AGE Years	Months	Deys	If LESS than I dey,hrs.	to have occurred on the dete stated above, at 2 - 2 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	; deeth Is said
8. Trede, profession, or perti- kind of work done, as SAWYER, BOOKKEEPE	nu la e	1 .	ormin.	were as follows:	Date of onset
kind of work done, as SAWYER, BOOKKEEPE  9. Industry or business In w work wes done, as SIL SAW MILL, BANK, etc.  10. Dete deceesed last worker this occupation (month year)	hich ( MiLL,	spe	ime (yeers) nt in this	Lova Guesimoria	april,
12. BIRTHPLACE (city or town) (State or country)	Mari	fland		Other Captributory Causes of Importance:  Services Street	190:
13. NAME Jani 14. BIRTHPLACE (city or town (State or country)	-	Itales	L	Neme of operation	utopsy?!!!
16. BIRTHPLACE (city or town (State or country)	)	reflaced Brody	with	23. If death wes due to externel causes (VIOLENCE) fill In also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	, 19
(Address)  18. BURIAL, CREMATION, DR REM Piece Afringfield	ovar Cemel	of State	( 30, 1937	Menner of injury	
19. UNDERTAKER Sille (Address)	gy J	or de	e e	24. Was disease or Injury In any way releted to occupation of deceased?	
20. FILED Afrif 30, 19.		Harry	Registrar.	(Signed) (Address) (Addres	M. C

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
UPEAU V.S.	7,			
Other contributory causes of importance:	e comi	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

plno

STATE OF MARYLAND—CERTIFICATE OF DEATH Maryland Tuberculosis Sanatorium 1. PLACE OF DEATH Colored Branch Carroll Registration Dist. No. County Henryton, Maryland (above) No. (ADOVE) St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Village or City Length of residence in city or town where death occurred 0 yrs. 5 mos. 14 ds. How long In U.S. If of foreign birth? yrs. mos. ds 2. FULL NAME Lewis Avon Thomas If U. S. Veteran, specify WAR None (a) Residence: No. 229 Phebus Ave., Fredericks, Marywand (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH April OR DIVORCED (write the word) Colored male Single 5a. If merried, widowed, or divorced HUSBAND of I HEREBY CERTIFY. Thet | attended deceased from (or) WIFE of 1936 to April 27, 19 37 Nov 6. OATE OF BIRTH (month, day, end year) [ AT 7. AGE Months Devs If LESS then 1 dev.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importance 25 22 or ..... mln. tuberculosis 8. Trade, profession, or particular kind of work done, es SPINNER, Auto Mechanic SAWYER, BOOKKEEPER, etc. OCCUPATION 11. Total time (yeers) 10. Oete deceesed lest worked et this occupetion (month and yeer) UNKI OWN spent In this occupation Unknown Other Contributory Causes of importance: Braddock 12. BIRTHPLACE (city or town). Maryland (State or country) Francis Thomas FATHER 13. NAME Jefferson Neme of operation. 14. BIRTHPLACE (city or town) Maryland (State or country) What test confirmed diagnosis? MOTHER Mamie Taylor 15. MAIDEN NAME 23. If deeth was due to externel causes (VIOLENCE) fill in elso the following: Baltimore. Accident, sulcide, or homicide?\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Hoffman, M.D. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT ... Henryton, Maryland (Address) 18. BURIAL, CREMATION, OR REMOVAL 24. Was diseeso or injury in any way related to occupation of deceased? INO If so, specify Registrar. (Address) Deputy Local

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1-5-4-41

# STATE OF MARYLAND-CERTIFICATE OF DEATH

A	6	h	6	ø	1	h
4	-	7	ľ	)	1	ĵ

1. PLACE OF DEATH	01	M	
County Casalo	LG	Registratio	n Dist. No. 74
Village or City	heantle	No	St., Ward
Length of residence in city or town.	(1 %	If death occurred in a hospital or institution, give its NA is. 2/ds. How long in U.S. If of foreign birth?	
	what a death occupant	enf-	
2. FULL NAME	il a Typpfell	If U. S. Veteran, specify WAR.	
(a) Residence: No. 35/X	- 34 (Swalplace of abode) 11	St., Ward.	ent give city or town and State
PERSONAL AND STAT	TISTICAL PARTICULARS	MEDICAL CERTIFICAT	
3. SEX 4. COLOR OR RAC		21. DATE OF DEATH	.1 211
mal inte	OR DIVORCED (write the word)	Ufur	L 24 193 7
Sa. If married, widowed, or divorced	u manua	(Month)	(Oey) (Yaar)
HUSBANO of (or) WIFE of	PJ.110th	22. A I HEREBY CERTI	FY, That I attended deceesad from
May	1 Supper	1921, to	Ufr 27 , 19.37
5. DATE OF BIRTH (month, day, and year)	Jet-18-1881	I last saw h alive on	2 4 , 19 3 7; deeth is said
7. AGE Years Mont		to have occurred on the dete stated abova, at	J.O.m.
50   2	2 6 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related ca were as follows:	oate of onset
8. Trade, profession, or particular		f f	
kind of work done, es SPINNE SAWYER, BOOKKEEPER, etc	er, Enguneer	- Lotus In	Comma 7/27
9. Industry or business in which work wes done, as SILK MILL,	11.6		
kind of work done, es SPINNE SAWYER, BOOKKEEPER, etc  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	11. Total tipra (years)		
this occupation (month and year)	spent in this		
O/		Other Contributory Causes of importance:	4/10
12. BIRTHPLACE (city or town)(State or country)	assugue	Suprimu	1/10/
1 (11 11	Al 11 M		·/
13. NAME / Aldian  14. BIRTHPLACE (city or town)	The stay of the st		
14. BIRTHPLACE (city or town) (Stata or country)	Karfingle	Name of operation	
	801	What test confirmed diegnosis?	
15. MAIOEN NAME (ENLIS)	mas Hadler	23. If death was due to external causes (VIOLENCE	
15. MAIOEN NAME (***)  16. BIRTHPLACE (city or town)  (State or country)	HUN HOUSE	Accident, suicide, or homicide?	Date of Injury, 19
(State or country)	1 - 1 /1	Where did injury occur?(Specify city	or town, county end State)
17. INFORMANT (Address)	Islal Mend	Specify whether Injury occurred in INDUSTRY, in	HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Washington	O Coata 4/24 ,193	Neture of Injury	
Nation	12 17 10		upstion of deceased?
19. UNOERTAKER AND LANGE (Address)	M Wash	24. Was diseasa or injury In any way related to occ	supation of daceased (
(Audiess) - O	alla Carlon	(Signad)	rashune em.
20. FILED 11 24, 19.3/	CHarry Weer Registrar.	Mondage	
V	Acgistrar.	MANNON	a charle

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Reguesting U. S. No. 1.

B.—WRITE

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Cerebral hemorrhage MAY 7 1951	July 5,1927	Peritonitis	3 days ago	
SUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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RESERVED

V. S. No. 1

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1 week ago 1915 Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

ADDITIONAL SPACE FOR FURTHER	STATEMENTS BY PHYSICIAN
7	1 63
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V. S. No. 1

STATE	OF	MARYL	AND-	CERTIF	CATE	OF	DEATH
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1	. PLACE O	F DEATH			92	1000
	County	Carroll			Registration Dist. No.	4
		city Sykesvill		land (If	No. Springfield State Hospsta death occurred in a hospital or institution, give its NAME instead of street and it	Ward
	Length of res	sidenca in city or town where	death occurred	yrsmos	29 ds. How long in U.S. If of foreign birth?yrsm	osds.
2	. FULL NA	ME Catherin	ne B. Wi	ener	If U. S. Veteran, specify WAR	
	(a) Reside	nce: No. Hancock	(Usual place	and of abode)	St., Ward. If nonresident give city or town and	State
	PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	emale	4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCED	RIED, WIOOWED, O (write tha word)	21. DATE OF DEATH April (Month) (Oay)	, 193_77 (Yaar)
5a.	If married, wido HUSBANO of (or) WIFE of	wed, or divorced  Thomas J. V	Viener		22. I HEREBY CERTIFY, That I attended August ,1925, to April 30	, 19.37
	AGE Ya	(month, day, and yaar)  ars Months	Inknown   0ays	If LESS than I day,hrs. ormin.	to have occurred on the data stated above, at 10:45 mp • M • The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	(; daath is said
OCCUPATION	9. Industry or work was SAW MI 10. Date decea this occ	assion, or particular work dona, as SPINNER, R, BOOKKEEPER, atc business in which as dona, as SILK MILL, ILL, BANK, etc sed last worked at upation (month and	spar	ma (yaars) tiin this pation	Arteriosclerosis Gangrene (Arteriosclerotic)	1933 3-30-37
12.	BIRTHPLACE (c	city or town) Unknow	vn	pation	Other Contributory Causes of importance:	
ER	13. NAME	Thomas Gelli	se			
FATHER		E (city or town)Unkr	nown		Name of operation Oate of What test confirmed diagnosis? Was thera an a	3.1
ER	15. MAIOEN N				23. If death was due to axternal causes (VIOLENCE) fill in also the following	
MOTHER		E (city or town) Unkr or country) Irelar	nown nd		Accident, suicide, or homicide? Data of injury	, 19
17.	INFORMANT (Address)	Hospital Re Sykesville	ecords Maryla	nd	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18.	0 /	TION, OR REMOVAL	Manage III	ay 3.193%	Mannar of injury	
19.	. UNOERTAKER (Addrass)	Simtle	Ros	stay 6	24. Was disease or injury In any way related to occupation of decaasad?  If so, specify	
20.	FILEO Of	1 30, 1937 CA	tarry W	LLN Registrar.	(Signad) Murgiana Berga (Address) Sylesville, Md	M. D.

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Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
			-

1	. PLACE OF DEAT	Н	Mary.	land Tube	rculosis Sanatorium	
	County	Car	roll		Registration Dist. No.	7.4
	Village or City H	enryton	. Mary	Land	NoSt	Ward
				(If	death occurred in a hospital or institution, give its NAME instead of street and n	umber) sds.
2	. FULL NAME Wa	lter Wo	rthing	on Wilmo	re If U. S. Veteran, specify WAR None	
					alto. Mowd.	
	(-,		(Usual place		If nonresident give city or town and	State
	PERSONAL ANI		CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOF	OR RACE		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH	177
	male   Col	ored	Marr		(Month) (Oay)	(Yaar)
5a.	If married, widowed, or divor HUSBANO of	ced				
		rtense '	Wilmore		22. f HEREBY CERTIFY, That I attended of NOV. 4, 1936, to April 1.	Jaceased from
		3.5	520	3,000	1 12 2	; death is said
-	DATE OF BIRTH (month, day, AGE Yaers	Months	ay 30,	1908	to have occurred on the date stated above, at 11:30 m.A. M.	; death is said
				1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_	28	10	2	ormin.	were as follows:	Oate of onset
NO	8. Trede, profession, or pe- kind of work done, a	S SPINNER,	arber		Pulnonary Tuberculosis	
OCCUPATION	SAWYER, BOOKKEER	,	MINDA			Oct
UP.	work wes dona, as S SAW MILL, BANK, e	ILK MILL. TT	nknown			0ct.
CC	10 Date demand last work	ed at	11. Total	ima (yaars)		Tano
_	this occupation (mon	nkhown	Spe	nt in this know		
	DIRTURE ACT (-literature)	Queen	stovm		Other Coatributory Causes of Importance:	
12.	BIRTHPLACE (city or town) (State or country)	Maryl				
œ	13. NAME	Walte	r Wilmo	ore		
FATHER		0	stown	<del></del>	New of a continu	
FA	14. BIRTHPLACE (city or tov (State or country)	Maryl			Name of operation	No
2	15. MAIOEN NAME		e Hawk	ns		
MOTHER		Oneen	stown		23. If death was due to external causes (VIOLENCE) fill in also the following  Accident, suicide, or homicide? ————————————————————————————————————	
MO	f6. BIRTHPLACE (city or to) (Stete or country)	Marvl			Whera did injury occur?	, 15
					(Specify city or town, county and State	
17.	(Address)	Henry	n Hoffr	an irvland	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	ICE.
f 8.	BURIAL, CREMATION, OR R		OOII, MA	/ Land	Menner of injury	
	Place Cheaterfree	d Centry	Oata 4	14 19 36		
-	- ·	7	21	, , , , , , , , , , , , , , , , , , , ,	Natura of injury	To
19	. UNDERTAKER & Dung	5 + Arreal	mone -		an most disease of many may related to occupation of dacessed:	10
_	(Address) Charle	and	100	00	If so, specify	
20.	FILEO 4/1/37,	, Albei	OCAI DO	DU U Registrar.	(Signad) / Henryton / Maryland	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		10	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis 8 1003	1 year
The state of the s		186	
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STATE OF MARYLAND—CERTIFICA

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Veteran,	specify WAR		
d	If nonresident	give city or tow	n and State
ICAL CE	ERTIFICATE	OF DEAT	ТН
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		(Day)	yram)
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ativa on	70	5-4. 19.	; death is said
e date state	H and raletad causa	e of importance	
1. 2	a - A	' Maria	Date of onset
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1. 1. 1.6	in the second	~~.C)	1-1-12
2	we.	Dete	of
iagnosis?	477.66	Was than	e an autopsy? NO
	ses (VIOLENCE) fil		
r?			
occurred in	(Specify city or INDUSTRY, in HO	town, county an	d State) IC PLACE.
	y ralated to occupa		or 200
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V. S. No.

Registrar.

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		The state of the s	

(Year)

Date of onset

\_\_St.,\_\_\_\_

That I attended deceased from

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